Address
ON THE
ETIOLOGY OF ENTERIC FEVER.

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GENTLEMEN,—Nothing but a most imperative duty could have prevented me presiding at the last meeting of the Society. Now that I have the pleasure of taking this chair I desire first to thank you for the honour you did me when you elected me President of the Clinical Society—one of the highest honours, in my estimation, that can be conferred on a physician. It was not until after I had accepted the nomination that I realised the fact that former presidents had inaugurated the session with an address; and when I realised this—conscious of my own inability to properly discharge that duty—I felt misgivings as to the wisdom of having accepted the honour. I trust to your kindness to overlook my deficiencies.

The Clinical Society was founded for "the cultivation and promotion of the study of practical medicine and surgery, by the collection of reports of cases, especially of such as bear upon *undetermined* questions in pathology or therapeutics." A very wide field for study! For, so far as my knowledge extends, there is no disease, even the most common, respecting which there are not undetermined questions in regard of its pathology and its treatment. There is no single disease, however common, respecting which it can be said that its etiology is quite determined (and no report of a case can, clinically, be complete the etiology of which is not given). There is no disease respecting which it can be said that the symptoms which mark its very outset, its course, its decline, the symptoms which enable us to tell at its outset what will be its course, the effects which follow after the disease has apparently ended, and the influence which pre-existing conditions of health and disease, as well as that which drugs and other therapeutic agents exert on its progress, termination, and sequelæ, are perfectly known. Respecting all these points, in regard of every disease, even the most common, there are undetermined questions. Many of these questions admit of answer, many of them ought to be answered, and that many of them are not answered is, I think, discreditable to us as a profession. Medicine has made very great progress, and if it were my aim to-night to illustrate that progress, I could find ample material for so doing. Medicine has made great progress; few sciences more. But still, in regard of every disease, in reference to every one of the points I have mentioned, we are wanting facts—facts which could and ought to be supplied. And it is in the hope that my words may stimulate the Fellows of the Society to assist in the collection of these facts that I would to-night illustrate our present deficiencies rather than dwell on our past performances.

Let me illustrate my meaning; and first by reference to one or two points in regard of the etiology of a class of the commonest and best studied of acute diseases—I mean the acute specific diseases. In reference to these one may say that they are all contagious—i.e., from some part of the sick something is given off which can, when properly applied, excite the same disease in another, and which can excite no other disease. How little is known of what this something is. And yet it is most important for the prevention, and even for the treatment, of these diseases that we should know. How little is known of those conditions of system which render this something sufficient for the production of the disease in one person, while in another it is inert. For example, at a certain time one of these diseases is, as it is called, epidemic. Scarcely a person who has not had it, and is exposed to the emanations from the sick, escapes taking it. On another occasion the disease is not epidemic, and then how many, with equal degrees of exposure, escape. Measles was not epidemic in a certain town at the time to which I am about to refer. A child came home from school having just recovered from measles. The family consisted of sixteen persons, eight of whom were children. One only took the disease. Another family at the same period contained nine children. One contracted measles at school, and on his return home only two of the eight suffered, all of them being freely exposed to the poison.

Among the questions which ask for and ought to be answered are—What are the conditions which favour outbreaks of epidemics? Are they atmospheric, and, if so, are they conditions existing at the time of the outbreak, or dependent upon pre-existing atmospheric conditions? Or are the conditions that favour the outbreak of an epidemic *states of health of the population*, the consequence of co-existing or preceding atmospheric or *other* conditions? Although some of these questions, it may be thought, refer to subjects outside the scope of clinical research, some certainly are within that scope.

As a good illustration of the influence of pre-existing individual conditions in regard of susceptibility to contagious poisons, I may refer to the well-known fact of the intimate relation between the state of system left after measles and the susceptibility to the poison of whooping-cough. The individual who has just suffered from one of these diseases is, as is well known, prone in a remarkable degree to take the other. That is to say, after the occurrence in an individual of one or other of these diseases, a very small dose of the poison of the other disease is sufficient to produce the development of that other disease. As bearing on this subject, I may refer to Dr. Aitken's paper on the influence of previous residence in Bulgaria on the health of the troops in the Crimea.

One point respecting the etiology of these diseases has recently been brought before the profession and the public in rather strong language; the question, namely, whether these diseases can arise spontaneously. A controversy has lately—I was going to say raged—about the mode of origin of typhoid fever, and it well illustrates at the same time our ignorance, the difficulty of ascertaining facts, and the danger of reasoning upon insufficient facts, on an insufficient number of facts, on insufficiently proved facts, and the unwisdom of drawing general conclusions from facts which bear only on one side of a question.

It is said by some that typhoid fever is undoubtedly contagious; it is said that, being contagious, it can never originate *de novo*—that is to say, as it can be proved in some cases to have its origin in the entrance of the emanations from the sick into the previously supposed healthy, it can never arise in any other way. On the other side, while admitting that the disease may be spread by the emanations from those suffering from the disease, it is said that the admixture of sewage, decomposing animal excreta, with fluids used for drinking purposes, although no typhoid excreta are present, will produce typhoid fever *de novo* in those who drink it; and it is said that the inhalation of sewer gas is itself sufficient to produce, in a previously healthy person, typhoid fever *de novo*.

Before considering briefly some of the arguments that may be adduced in support of any of these statements, I may say that to my mind, from the known facts, the question should be held to be still *sub judice*, and that it is only to be solved by the combined efforts of those who can investigate the origin of typhoid fever when it occurs as an epidemic or in the form of severe local outbreaks, *and* of those practitioners who, being engaged in private practice in country districts, can examine into and report on the single solitary cases occurring under circumstances favourable for excluding fallacies. It is rarely that solitary cases can be satisfactorily investigated in towns, and it is because this important question can only be solved by the consideration of the mode of origin of isolated cases that I desire to impress upon the members of this Society the importance of reporting every isolated case which can throw light on the question. We have already, and no doubt shall have many more, ably-described epidemics, small local outbreaks, and local outbreaks on a larger scale. We shall have these traced to their origin by men of the highest order of intellect, of the largest possible experience. We have had such reported now in numerous cases, and as the points

that still require elucidating in these local outbreaks become better known, these men will be sure to discover the missing links. But no investigation of such local outbreaks can answer completely the question which I say is still *sub judice*, and therefore it is that those who see the solitary cases must report their personal experiences, if we are to have the question definitely and indisputably answered. I know how difficult it is for men engaged in large private practice to hunt out all the facts bearing on the origin of a single case, but when they consider the immense importance it is to the public and to the scientific advancement of our profession, I trust that some of them will be willing to sacrifice a little time for the general good.

One general assumption made by those who advocate the sole origin of typhoid fever by contagion requires special consideration. The general assumption is this—viz., that no admittedly contagious disease ever originates in any other way than by contact with the emanations from the sick, and therefore that typhoid fever, spreading by contagion (a mode of its spread which I think is now pretty generally admitted by those who have studied the subject) can be spread in no other way. This general assumption is, as yet, wanting in such proof as conveys conviction to my mind; and I cannot help thinking that it is wanting in such proof as should convey conviction to any unprejudiced mind accustomed to consider questions of this nature. My own prejudices are greatly in favour of the specific origin of this, in common with all contagious diseases. I have long advocated their specific differences, and that each has its specific cause—i. e., a cause which is unable to produce any other acute specific disease. If each could in every case be referred to emanations from those previously sick of the same disease, it would tend greatly to strengthen the general views I have long held and advocated. I am prejudiced, therefore, in favour of this opinion. I hope it is true; but then I must say that at this moment the weight of evidence and argument is rather on the other side.

When an admittedly contagious disease is epidemic, it is evident that facts to elucidate the question of its spontaneous origin cannot be collected. There is so much of the special poison in the locality that no one can be sure that he has not in some way exposed himself to its influence. But when the disease is no longer epidemic, when isolated cases occur, then it is that, if a disease never originates *de novo*, we ought—I will not say in every case, but in a majority of cases, if we inquire carefully—to be able to trace back the apparently spontaneous case to its source.

Of small-pox, the most contagious of diseases, I do not hesitate to say, notwithstanding Dr. Budd's assertion to the contrary, that the large majority of solitary cases can be traced, with due care, each to its probable source; and when a case has thus been imported into a locality previously free from the disease new cases almost invariably spring up in its vicinity. So that the contagious origin is proved, first by tracing the case to its source, and, secondly, by the new cases which spring up from the, at first, isolated case. Small-pox is eminently contagious; and not only so, but, from the vast proportion of instances in which we can trace isolated cases to their source, from the rarity of the cases in which it is impossible to trace the probable origin to contagion, we may fairly conclude that small-pox never originates *de novo*.

But now let us pass to the other end of the scale of undoubtedly contagious diseases—namely, diphtheria and erysipelas. I mean erysipelas of the head and face—the acute specific disease of which erysipelatous inflammation of the throat and of the face, beginning on the bridge of the nose, is the anatomical character—a disease which is attended with definite symptoms, symptoms before the eruption and symptoms accompanying the eruption, as are the other acute specific diseases. Of the contagious nature of diphtheria and erysipelas I think there can be no more doubt than there is of the contagious nature of small-pox. They are not *as* contagious, but they are both contagious. They are not as contagious, for it is more common for the healthy exposed to the emanations from the sick to escape from these diseases than for them to escape the effects of exposure to small-pox.

Now, while in regard of small-pox it is the exception not to be able to trace the source in contagion, in diphtheria it is comparatively rarely that the first case, even of several, can be traced back to contagion.

In regard of erysipelas of the head and face, also undoubtedly, as I say, contagious, it is the exception to be able to trace the case to contagion. Now it is evident that the more contagious a disease—i.e., the less the quantity of the poison needed, the shorter the time of exposure necessary, and the less preparation required in the system of the individual receiving the poison—the less frequently *a priori* should we expect that the disease could be traced back to its primary source. While the diseases of this class which are the least contagious, which require for their spread a longer exposure or more decided dose of the poison or the administration of the poison in a particular way by a special channel, the more frequently should we expect, if every new case were due to exposure to the emanations from the sick of the same disease, to be able to trace them to their original source, the more easily should the parent case be discoverable. But, in fact, it is not so, for those which are the most contagious are the most commonly traceable to their origin, and those which are the least contagious can the least frequently be proved to have origin in contagion. And we are driven then, it seems to me, toward the opinion that erysipelas frequently, and diphtheria not uncommonly, originate *de novo*.

Typhoid fever, like diphtheria and erysipelas, holds a low position in regard of its contagious quality. It rarely spreads, excepting when the excreta from the sick are administered by a particular channel. I have never known a case removed from its place of origin give the disease to the inmates of a house into which it was removed, unless there was a communication between the source of drinking fluids and bowel excreta of the patient, and then many suffer. Last autumn ten young men, students at Oxford, went to stay in the same house in Cornwall. After a short residence, each returned to his own house, and seven sickened with typhoid fever. These young men evidently contracted the disease at the house in Cornwall. A highly contagious disease, in the ordinary sense of the word, ought to have been the focus from which other cases should have sprung. Had seven young men suffering from small-pox or scarlet fever been distributed into eight houses I do not hesitate to say that some of the inhabitants of these houses would have suffered from small-pox or scarlet fever. I have never known a case of small-pox admitted by accident into the hospital to which I have the honour of being physician without some one or more persons contracting the disease. When formerly I was physician to the Fever Hospital, I took my clinical class to that hospital for the purpose of showing them fever in its various stages on a large scale. It happened that on one occasion there was a case of small-pox in an outer ward of the hospital—a ward of very large dimensions. While no student took, on any occasion, either typhoid fever or typhus fever, one on that occasion took small-pox; and on another occasion, there being several cases of scarlet fever in the wards, one took scarlet fever. But in the case of these seven young men from Oxford who were distributed into seven houses, not one conveyed the disease to any inmate of the house to which he was removed.

That typhoid fever can spread from one person to another without the swallowing of the excreta, if the person be exposed to the concentrated emanations from the sick frequently, and for a considerable time, there can be little doubt, as I have twice known students contract the disease who were diligently taking the temperatures of patients suffering from typhoid fever, before the registering thermometer was in use, and therefore were obliged on each occasion to put the head many times daily almost into the bed of the patient; and I doubt not most of you could add to the list of these young martyrs to science.

Still typhoid fever has such limited power of propagating itself that the poison must be in large dose, or long breathed, or taken into the stomach, to produce the disease; and, therefore, I say that the disease ought in the majority of cases, especially in country places and isolated houses, to be able to be traced to its source, if that source be in every case the excreta or emanations from sufferers from the disease. But, in fact, its origin has not hitherto been able to be traced to pre-existing cases in a large number of instances. But not only do numerous cases occur in which typhoid fever is not traceable to exposure to emanations or excreta from the sick with typhoid fever—i.e., to contagion,—but there are a sufficient number of cases on record to render it

probable—*probable* only, I say—that the admixture of sewage not typhoid with drinking-water may produce typhoid fever *de novo*. And most of us must have met with cases in which the breathing of greatly diluted sewer-gas continuously for some time, and especially at night, has seemed to have been able to produce typhoid fever *de novo*. But new cases, sceptically scrutinised and carefully recorded, are required to settle this question. It is only in exceptional instances that cases free from all possible—at least, all probable—sources of error come under notice, and such cases can only be seen in private practice, especially country practice; and it is for this reason that I especially dwell on this subject to-night, my desire being to urge the careful observation and reporting of these isolated cases.

The following case serves to illustrate the difficulties which beset inquiries such as this:—

A young lady was under my care with typhoid fever. She had been for some months an invalid, and was so placed that all probable sources of communication of the disease from the outside could be excluded. She resided in a completely detached villa; she was confined to her own room; there were few inmates of the house, and these were entirely devoted to her service. She had lived in the house for about two years, and during that time no one had suffered from typhoid fever. On the floor on which she slept was a water-closet, well ventilated, and used only by two or three persons in perfect health.

Now this young lady was the only person who never left the floor—that is to say, was, day and night, breathing the air on this floor of the house. A sewer-gas odour was detected, and on taking up the flooring it was found that there was a crack in the soil pipe of the watercloset, just below the seat—that is, in such a position that the gas escaping from the soil-pipe at this part would find its way between the joists, under the boards of the floor, and thus pass to the rooms on this floor.

It is true this young lady had received a few visitors in her bedroom, and it is possible, it may be said, that some of these were the subject of typhoid fever. But the persons who visited her were all well known, and there are no grounds for thinking that any one of them suffered before or after from typhoid fever. Again, the drain of the house opened into the town drain, on the outskirts of which the villa is situate; but then the drains were trapped, and the traps new and efficient.

It is only by the multiplication of solitary cases that proof on one side or the other can be obtained. With reference to those contagious diseases which are unable to be traced in so many cases to a pre-existing case of the same disease—viz., typhoid fever, diphtheria, and erysipelas—there are three points worthy of remark.

1st. That they are more liable than the most contagious—e.g., small-pox, measles, scarlet fever—to recur in the same individual.

2nd. That when not referable to contagion, each is pretty constantly referred to a particular and the same cause—e.g., diphtheria to exposure to cold; erysipelas to exposure to cold when the exposed person is depressed from fatigue, mental or moral causes, &c.; typhoid fever to foul gaseous emanations or impure water.

3rd. That certain primary constitutions seem more prone than others to suffer from these less contagious diseases. We must all be acquainted with families that exhibit these proclivities.

I have known diphtheria, for example, occur in four members of a family at long intervals of time, and at localities widely separated. One suffered in London, one at Brighton, one at Scarborough, and one at some other place in the country, and these several cases occurred at altogether different times. Now when we consider the infrequency, comparatively speaking, of diphtheria, such a fact as this shows, on the part of the members of this family, a great primary constitutional proclivity to this disease.

I have known six out of seven males of a family suffer from typhoid fever, no two of the cases occurring within less than two years' interval, and no two at localities within less than fifty miles of each other; while in the same family one only of the same number of females suffered from typhoid fever. Here, again, there must have been a great proclivity to typhoid fever on the part of the males of that family.

I do not say, nor do I think, that the arguments and facts able to be adduced in favour of the origin *de novo* of the contagious diseases are conclusive; but I do say they are strong enough to make us pause before we accept the theory advocated by Dr. Wm. Budd, and to which Prof. Tyndall has lent the weight of his great name—a weight which would, however, be greater on the point in question if he had himself studied the subject on which he has, I am sorry to say, addressed the public in a strain calculated to check unprejudiced individual inquiry.

What I have said on the etiology of the acute specific diseases shows how much has yet to be proved, how hard is the work to be performed, ere the opinions entertained on the subject can be converted into knowledge.

I will not dwell longer on the etiology of the acute specific diseases; but I must allude briefly to that condition of the individual which precedes the establishment in so many cases of chronic organic diseases. We are apt to pay too little attention, to attribute too little importance, to that general, to use a barbarous expression, "out-of-healthedness" which is so common in the previously healthy from overwork, from anxiety, from overfeeding, from over-stimulation short of so-called intemperance, from want of food, or from deficiency of stimulants—that out-of-healthedness in which the patient often refuses to admit that he is ill although a little out of sorts, and only seeks advice because his friends notice that he does not look well and urge him to consult some medical friend. This condition cannot be studied in hospital. Those only who are engaged in family practice can trace the origin, can watch the course, can estimate the effects of this condition in all its bearings. For myself I have been long satisfied that a very large proportion of the subjects of organic diseases—tubercular, malignant, and degenerative, using those words in their widest sense—are mistaken when they attribute the symptoms of imperfect health from which they long suffered to undetected incipient local disease, and for not detecting which they too often blame their first medical attendant. The deteriorated general nutrition, to which I have referred as mere out-of-healthedness, was the cause of their sense of want of perfect health; and ultimately this imperfect general nutrition of every part of the body culminated in the extreme malnutrition of that part or organs which natural constitution or accidental circumstances had rendered less able to resist organic changes.

As to the symptoms which mark the very outset of a disease—in illustration of my position that there is not a disease respecting the symptoms of the outset of which we are not wanting recorded facts,—I may refer again to that much studied disease, typhoid fever. In Wunderlich's excellent work occurs the following statement:—"We may exclude typhoid fever when, between the fourth and sixth day, in a child or adult under middle age, the temperature never reaches 103·1°, and, indeed, if it fails to do so two or three times." It is impossible not to see that this conclusion is based, as are other of his statements, on cases admitted into hospital; and everyone who has enjoyed large experience in private practice would, I think, be disposed to temper this law with so many exceptions that, as a law, it could hardly be said to exist. And yet in proof of the existence of these numerous exceptions recorded facts are wanting.

With reference to our lack of recorded facts as to the course of common diseases, I shall only mention one disease, concerning which I thought two facts quite certain; but on talking to others I heard doubts expressed as to the truth of these facts, and I soon found that the observations on record were not detailed with sufficient precision to justify me in drawing the conclusion which, if the supposed facts be real facts, flows from them.

Does emaciation make rapid or steady advance when an external organ, unneeded for life or health (as the breast), is the seat of scirrhus cancer, when the appetite is good, and there is neither ulceration nor discharge? If it be that this steady loss of flesh occurs when the breast is the subject of scirrhus cancer, does it take place without any elevation of temperature? Had there been recorded facts to answer these two questions in the affirmative, then it seems to me that this important conclusion would follow. In the process of nutrition there are three factors—viz., the cells of the body generally, the nerves that regulate their functions, and the material out of which new tissue has to be formed. It is clear that atrophy of the body generally, like

atrophy of a part, may be due either to excessive waste or to deficient supply of new material; but if there be no elevation of temperature there can be no rapid waste of the whole body. And as we know that in cancer there is no disturbance of the nerve function of the body generally, and as the cells of the body generally are healthy in structure, then we should have to hold the emaciation to be due to the third factor in nutrition, the blood.

I mention all this, not as affording any clue to the pathology of cancer, but as illustrating the want of facts—of accurately observed and of carefully recorded facts—in relation to the course of one of the commonest of diseases.

Time will not permit me even briefly to illustrate our lack of knowledge in regard of the other headings to which I have referred; but, before concluding, I must direct your attention to two or three points bearing on our knowledge of the treatment of disease. It does seem to me to be discreditable to us as a profession that such common diseases as rheumatism and whooping-cough—each, so far as we know, uniform in its pathology—should have for their cure so many drugs. For the good service able to be rendered by each of these drugs men of high position, of great powers of observation, of unquestionable honesty of purpose, have vouched in the most emphatic manner; and yet no one of these drugs is found by the profession, speaking generally, to yield unequivocally favourable results. The precisely recorded observations of one of the distinguished men who have filled this chair, and his colleague, Dr. Sutton, have thrown so much doubt on the value of some of the remedies which have enjoyed the best reputation for the cure of rheumatism that a re-examination of all these so-called curative remedies is imperatively called for. The difficulties in the way of advances in true therapeutic knowledge are very great; but are the difficulties insuperable which stop the way to our ascertaining the real value of the cures for acute rheumatism or for whooping-cough? Could not an unprejudiced examination of the effects of all the remedies hitherto propounded by men of repute, and purporting to have tangible evidence in their favour for acute rheumatism and for whooping-cough, be undertaken on a large and decisive scale?

There are two kinds of evidence to be adduced in favour of the influence of any drug on the course and termination of a disease. One is the evidence afforded by individual cases observed separately, all the special points of which cases can be weighed at the bedside by the practitioner: weighed, it is true, rapidly, and perhaps some points roughly, but still weighed—for example, the age, the sex, the habits, the constitution, the presence or absence of complications, of concurrent or pre-existing ailments, of the surroundings.

Every remedy must be, as a final court of appeal, put through this trial; and, if time be given to dispel the illusions of fashion, and to allow the weight of great names to be reduced to their true standard, it is pretty certain that the verdict is correct.

In testing remedies, we must ever bear in mind that all acute diseases run a more or less definite course, and that the tendency of all internal acute disease occurring in the previously sound, and not of traumatic origin, is, if left to itself, to terminate in health.

What may be called incomplete diagnosis has often led individuals to erroneous generalisation in reference to treatment, identity of symptoms having been confounded with identity of pathological conditions. The late Sir Benjamin Brodie had great confidence in the bichloride of mercury in the treatment of paraplegia, and he, and others following his example, prescribed it indiscriminately in all cases of that disease. He saw it cure syphilitic paraplegia, and, not knowing that the particular case he was treating was syphilitic in its nature, regarded bichloride of mercury as the remedy for every case of loss of power in the lower extremities. And then other members of the profession tried the effects of bichloride of mercury in paraplegia; and if it happened that they gave it in two or three cases of syphilitic paraplegia, they, too, expressed the greatest confidence in bichloride of mercury as a cure for paraplegia. But others, happening to give it in succession in two or three cases not syphilitic in nature, declared it to be useless, or worse than useless, as a cure for paraplegia.

One mode, then, of estimating the value of therapeutic agents may be called the individual, and in thus testing the value of particular modes of treatment, every member of this Society may assist. The other method of estimating the value of therapeutic agents may be called the analytical—that is to say, we test the worth of the drugs by the analysis of a large number of carefully observed and recorded cases. For cases thus collected to be compared they must be numerous enough to afford a sufficient number more or less identical in regard to age, &c. Researches of this kind can only be conducted in hospitals, and I think for the purpose of collecting such cases in sufficient number, for the purpose of directing attention to special comparable facts, committees might be formed from members of this Society; and were this done with due care, every member of the Society might aid in obtaining valuable, because real, therapeutic knowledge. And the testing clinically the value of the several remedies proposed by great authorities for the cure of acute rheumatism and for whooping-cough seems to me to be an object worthy of such a committee, and the questions involved seem to me to be those that such a committee might in time definitely answer.

Excuse me yet a little while to speak of the treatment of a special class of diseases. When any acute specific disease is epidemic, the public—the educated public—call loudly for a cure, and too often, I think, members of our profession call out as loudly "Eureka." Now, to me it seems that there are no grounds for expecting that a cure will ever be found for diseases of this class—i. e., for expecting that a drug or medicinal agent will be discovered capable of arresting the progress of the organic changes which, set in motion by a special cause, and following each other in definite and ascertained order, constitute what we call an acute specific disease.

For in place of being diseased actions, these several organic changes, the evidences of which we call symptoms are, so far as our present knowledge extends, processes, the first of which being called into action by some external cause—e. g., the poison of the disease—are essential for the restoration of the intimate organic changes to the order and intensity which constitute health.

I may illustrate my meaning thus:—Each of these diseases may be likened to a single fit of ague. We administer drugs to prevent the recurrence of the fit, but we do not cure the fit itself; the cold stage having commenced, and attained a certain intensity, the hot and sweating stages are essential for the restoration of the balance of health. So with small-pox. By vaccination we prevent its occurrence; but when the first of the phenomena, which, following each other in certain and definite order, constitute an attack of small-pox, occurs, we know that there is no road to health but by the sequence of changes the symptoms of which mark the several stages of the disease; and to my mind it is very questionable whether, if it were possible by the administration of a drug to arrest the essential changes which constitute any one of these stages, health would be the result. And what is true of small-pox in this particular seems to me to be equally true of all the acute specific diseases; and when I read the lists of cures for cholera which swarm into the columns of the press at the first inroad of an epidemic of that disease I should smile did I not know that a column of cures for cholera in a leading newspaper may be the death-warrant of numbers.

Although the science of medicine can never hope for a cure for any one of these diseases, it can prevent death from all, and it is time that the public, and not the profession only, had correctly appreciated what medicine can and what it cannot be expected to do in this class of diseases. Nor would medicine as a practical science fall in public estimation, or physicians be less highly esteemed, were the public instructed in this matter.

At one time the chemist was valued especially because it was supposed that by his aid the baser metals, as they were foolishly called, could be transmuted into gold; and day and night he sought for that powder of projection, as it was called, by which the transmutation should be at once effected. Faith in this transmutation—faith in the discovery of this powder of projection—is exploded; but is the chemist less highly valued—his aid less earnestly sought? No. The work he can do is of more worth than the work it was fancied he could do.

So the physician: he cannot transmute by a special drug the sequences of processes which we call, say, an attack of cholera, into the sequence of processes which we call

health, any more than the chemist can tranmute iron into gold. The certain cure for cholera and the powder of projection of the alchemist are alike apocryphal—the dream of a prescientific age, or the base attempts of charlatans and quacks to prey on those whose minds are yet in the prescientific stage of development—that is, the ignorant and the credulous. The public must learn that the true, the real in regard of the relations of medicine to these diseases, is as different and as superior to the fancied as is chemistry to alchemy, or natural science to the black arts. Medicine teaches us how to prevent in many of the acute specific diseases the first of those processes the sum and sequence of which constitute the disease; and, when the first of that sequence has commenced, the physician, though he must reprobate the folly of those who cry out for a drug which shall stay the sequence of processes which are in reality the steps to health, does not stand helplessly by and leave the patient to his fate, but by the judicious application of the rules of art, so moderates the necessary disturbances of functions, that they shall eventuate when the last of the series of restorative processes is over in health in place of death. The physician in such cases may be likened to the physicist who, although he cannot prevent the discharge of the electric-laden cloud, can yet save the threatened tower by conducting the lightning's flash harmlessly to the earth.

ON

"THE LEAST SACRIFICE OF PARTS" AS A LEADING PRINCIPLE OF SURGICAL PRACTICE.

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(*Continued from p.* 190.)

THE second proposition must now claim our attention. It stands as follows: "That to carry out this principle, the surgeon may, in pathological amputations, fearlessly divide tissues infiltrated with organised inflammatory products, and even cut through the walls of suppurating cavities, or through diseased joints, more particularly to save amputating above a joint."

I have followed this practice for many years, and have never had any reason to regret doing so. The parts divided have united as well as they could have done under other circumstances, and in some instances I have been disposed to think they have united better. In the joint cases in which I cut through the articulation the success was always good. The following cases will illustrate these points.

CASE 36. *Acute ostitis of tibia; disorganisation of knee-joint; amputation; flaps infiltrated; endostitis of femur; removal of sequestrum; recovery.*—Jacob B——, aged twenty, a labourer, came under my care at Guy's Hospital in August, 1863, for what appeared to be a phlegmonous inflammation of the whole of his left leg and suppuration of the knee-joint, with necrosis of the tibia. From the history of the case it seemed that the affection had commenced two months previously as an acute inflammation of the tibia, and that suppuration rapidly followed the early symptoms, with disorganisation of the knee-joint. The disease when seen had extended from the bone to the joint, and it was clear that nothing but the removal of the leg could be entertained. I then thought that the amputation must be performed above the knee, although the thigh was so infiltrated with inflammatory material that the position of the amputation was not so easy to determine. From the history of the case, however, there was no evidence of disease of the femur; consequently I determined to remove the limb as near to the knee-joint as I could, and this I did on Sept. 15th. I amputated by making a long anterior flap from the front of the knee, and a shorter posterior. I had to dissect both flaps upwards with some care, the parts cutting like brawn from being infiltrated with lymph. The femur I divided close above the condyles. I brought the parts together with sutures, and primary union of nearly the whole surface took place. There was no retraction of flaps; indeed, the stump united and repaired better than most stumps. Oddly enough, however, when the parts had repaired, without any apparent reason, endostitis attacked the shaft of the femur, which ended in necrosis, and nearly the whole bone was subsequently removed, the dead shaft being drawn out of its sheath (periosteal) from the end of the stump, and a good recovery ensued.

This operation was performed in 1863, before I had had much experience in amputation at the knee-joint. Had the case occurred more recently I should have treated it differently, and amputated at the knee-joint, and thus, by avoiding making a section of bone, I should probably have had no such consecutive ostitis and necrosis of the stump as took place.

CASE 37. *Disease of knee-joint; destructive synovitis; amputation of thigh; flaps infiltrated; rapid union.*—Charlotte R——, aged twelve, pale but fairly nourished, was admitted into Lydia ward on Sept. 18th, 1872, her right knee being much swollen and twelve inches round, whilst the left was only ten inches and a half. On the outer side there was an open wound about two inches long by one and a half. There was fluctuation in the swelling, but the patient could move the joint. The head of the tibia appeared to be enlarged. The patient's father and mother were alive and well. She had small-pox six years ago. Five years previously she thought she struck her knee; she had great pain in it at the time and it was swollen, but movement was perfect. She attended St. Bartholomew's as an out-patient for about a month. She took some medicine, and was ordered to poultice the knee, after which it became better, until eight weeks before admission, when she went as an out-patient to St. Thomas's. It was bandaged every week for six weeks, and her friends then called in a surgeon, who applied first a poultice, and then eight leeches, which relieved the pain. He then lanced the knee, and a considerable discharge came from it; he afterwards advised her to obtain admission at Guy's. On Sept. 19th the swelling was opened, but no discharge came; a piece of lint was inserted. Four days afterwards the leg was put on a straight splint. On the 25th a great deal of discharge came away every time the poultices were removed; the piece of lint was removed. Five days subsequently a small red spot, three-quarters of an inch in diameter, appeared on the inner side of the knee, and looked as if it would break down. On Oct. 2nd amputation was performed by antero-posterior flaps of skin and muscle. The muscles were infiltrated, and did not retract when cut. The thickened tissues around the artery were slit up to allow the femoral artery to be twisted. The flaps were brought together with carbolised gut sutures, and the wound dressed with dry lint, covered with cotton-wool. Six inches of femur were removed. There was extensive pulpy thickening of the synovial membrane and surrounding ligaments, this tissue in many places hiding the articular surface of cartilages. The crucial ligaments were soft and easily cut. The articular cartilages were quite healthy. On the 3rd of October the pulse was 124, the temperature 98·2°; on the 7th the pulse was 112, the temperature 99·2°. The leg was dressed; the parts looked healthy, and there was hardly any discharge.—Nov. 4th: The wound had been dressed every second day from the last date; the stump looked healthy. Four days later some exuberant granulations were touched with caustic, and a fortnight later with blue stone. This was repeated on December 3rd, and again on the 5th, when the wound was healing well. The patient progressed uninterruptedly, and was discharged on Jan. 12th, 1873, the stump being almost healed, and in other respects quite well.

CASE 38. *Extensive disease of knee-joint; Carden's amputation through the condyles; integuments and flaps infiltrated with lymph; recovery.* (Reported by Mr. Congdon.)—Samuel J——, aged forty-four, was admitted into Guy's Hospital on the 5th of November, 1869, under the care of Mr. Bryant, with extensive disorganisation of his left knee-joint. It began fifteen months before, after a blow, with pain and swelling. Abscesses formed, and he went to a London hospital, where they were opened; but it was not supposed the abscesses communicated with the joint. He had been unable to put his foot to the ground for months. The man had lived hard. On admission the leg was flexed on the thigh at a right angle; the knee-joint was much swollen, and the skin shining from distension. It measured eighteen inches round

—four more than the right. The enlargement was uniform, extending half way up the thigh; it had a soft semi-fluctuating feel. Any attempt at manipulation caused severe pain. Sinuses existed in the popliteal space and on the outer side of the joint, discharging pus. Nothing but amputation could be entertained. On Nov. 19th Mr. Bryant performed the operation after Carden's method, making one long anterior skin flap and a short posterior. Mr. Bryant made this posterior flap longer than Carden suggests, having found it necessary to do so. He divided the femur through the condyles. The flaps were brawny from inflammatory fibrinous infiltration, and a large abscess was cut through, its walls being left in the flaps. The popliteal vessels were secured by torsion and the parts brought together, the flaps meeting behind and two inches above the end of the bone. The stump was dressed with dry lint and covered with cotton-wool; it was fixed on a splint. After the operation the man went on favourably in all respects; his temperature never rose above 99°, and the parts healed well, although a small abscess which formed in the stump retarded convalescence. He left the hospital well, with a good broad stump, on Jan. 12th, 1870.

CASE 39. *Necrosis of left tibia; albuminuria; amputation at knee-joint; parts infiltrated with lymph; recovery.* (Reported by Mr. F. E. Barrow.)—Ed. L——, aged fourteen, was admitted into Lazarus ward on the 7th September, 1868. His parents, two sisters, and four brothers, were alive; one brother had died of phthisis. He had never had rheumatic fever; but, when four years old, he had measles badly, and was ill for two weeks. A fortnight afterwards he had scarlet fever, and was ill with it for two months. His mother then noticed that his body became swollen; this was said to be due to debility, but the state of his urine at the time was not known. The left leg and knee became swollen, and pained him when he put his foot to the ground, giving way under him. He then walked with the aid of a stick. The leg was strapped, and he afterwards had a gutta-percha splint applied, but no improvement took place. Seven years before admission abscesses formed on each side of the patella; poultices were applied, but the wounds never healed, anasarca continuing all through. When admitted, the leg was flexed upon the thigh at an angle of 120 degrees, the foot being extended so as to be almost in a line with the leg. The tibia and fibula seemed to be slightly dislocated outwards and backwards. There was a slight motion in the knee-joint, and the patella was fixed firmly to the outer condyle. The leg and foot were œdematous. Above the knee in front and on the whole of the inner side of the leg were cicatrices of old ulcers or sinuses; on the inner side, below the tuberosities, there were some openings still discharging. The skin in these parts was smooth and glazed, and had a peculiar warty appearance.—Sept. 10th: Urine loaded with albumen. Spleen rather large. Œdema in lumbar region and slight in right foot, besides the swelling of the diseased limb. There was slight systolic murmur at the base of the heart.—On the 15th, the leg was amputated at the knee-joint; the patella was removed. A small posterior and a long anterior flap were made, the popliteal artery being twisted. Carbolic-acid dressings were applied to the stump, after which he passed black urine. A week later permanganate-of-potash solution was substituted for carbolic acid. On the 28th the right testicle was swollen, but this disappeared ten days afterwards, when the whole of the left side of the face became swollen, and he suffered from diarrhœa. By the 12th of October he was very much improved, and walked about the ward with the aid of a crutch. On the 22nd the stump had all but healed; there was very slight discharge. Dry lint was applied. By the 26th the patient's stump had quite healed up, and he went out, his urine being still loaded with albumen. In 1870 this boy was still well, and his urine still contained albumen.

CASE 40. *Disease of knee-joint; amputation at joint; recovery.* (Reported by Mr. Hanton.)—Thomas N——, aged sixteen, was admitted into Guy's Hospital on Dec. 29th, 1870, under Mr. Bryant's care, with disease of the left knee-joint of ten years' standing. The knee was flexed at a right angle; the tibia displaced backwards into the popliteal space; limb atrophied from paralysis. On Jan. 14th, 1871, Mr. Bryant amputated the leg at the knee-joint, making a long anterior and a shorter posterior flap, and twisting the arteries. Good union followed, indeed primary union, the boy leaving the hospital within the month with a capital stump.

CASE 41. *Old disease of knee; amputation through knee-joint; recovery.* (Reported by Mr. W. Lane.)—Minnie H——, an anæmic, sickly-looking girl, thirteen years old, was admitted into Lydia ward on March 4th, 1874. When two years old she had a fall which hurt her very much. Her leg began to swell, and she was brought to Guy's Hospital, where she remained some months. The leg was probed two or three times, and she was then moved about from one hospital to another. She was in May, 1872, readmitted into Guy's, when a bit of bone came away from the internal tuberosity of the tibia, and another piece shortly after from the same place. When admitted, the leg was flexed upon the thigh at an angle of 120°; the foot and leg were both rotated outwards. She had two swellings, one on the internal tuberosity of the tibia and the other below the patella; also a large glandular swelling occupying the popliteal space, and causing pain, especially during the night, disturbing her sleep. On March 5th the glandular abscess in the popliteal space was opened, some dirty-coloured pus escaping. Carbolised lint was inserted into the wound, and left there for two days, when it was removed. The patient was better and freer from pain for some time after this, but became much agitated upon finding that an operation was necessary. She, however, became weaker, and on the 24th a large hollow was found in the head of the tibia communicating with the joint. The leg was then removed at the knee-joint by one short anterior flap and a long posterior skin one, little blood being lost. The stump was fixed upon a splint and dressed with dry lint. There was fibrous anchylosis between the tibia and femur. Cartilage and a thick layer of fibrous material still remained on the tibia. It was necessary to make a short anterior flap on account of the opening over the head of the tibia. The communication of the epiphysis with the shaft was ossified. Temperature 99°; pulse 102. On the following morning she complained of feeling sick and of not having slept, so a subcutaneous injection was given, which gave her rest. On the 26th she was very drowsy, but there was no constitutional disturbance. Next day it was found that there had been a free discharge from the stump. The temperature was 98·4°, and the pulse 98. On the 28th the wound was dressed for the first time. There was a little burrowing in the posterior flap, and the pus made its way through the opening in it. The sutures were removed on the 30th; the wound was then progressing slowly, the burrowing being less. Up to this date the injections of morphia had been continued; they were now left off, and the patient did not sleep so well at night. On April 7th it was found that she had been progressing favourably. There was a little burrowing at the inferior extremity of the wound, which seemed to come from the lower part of the stump. The flaps were going on very nicely. On the 14th the patient's health seemed improving. The wounds had been dressed with gutta-percha strapping and lint, carbolic acid solution being washed over with a camels'-hair brush. On the 22nd there seemed to be more burrowing, and the skin on the posterior flap was breaking down in small round openings, but she was able to sit up and felt better. By May 7th the patient was able to go about on crutches, the healing process proceeding well; her appetite was good, and she slept well at night, although she suffered considerable pain. On the 19th the skin was contracting rapidly; there was occasional jumping pain in the stump, accompanied by feverishness. On June 4th the wounds of the stump were healing, but the granulations did not look very healthy, and had increased a little in size; but the child was able to get about on crutches. Was much better on the 8th, and on the 16th left the hospital for a convalescent home, where she rapidly convalesced.

CASE 42. *Acute ostitis and necrosis; disease of ankle- and knee-joints; knee displaced backwards; amputation at knee-joint; recovery.* (Reported by Mr. C. J. Symonds.)—Caroline E——, aged twenty-six, was admitted into Lydia ward on the 29th October, 1873. She had always been weakly, and when young had suffered from an abscess on her head, together with weak eyes. Nine months before admission she felt a sudden pain in her right leg during the night. The next day her calf began to swell, and became red; her leg the ensuing night "bent up," and she was unable to straighten it. The swelling then increased, and she poulticed it for three months. It was then lanced over the tibia near the ankle, and a great deal of pus came away.

Fresh abscesses subsequently appeared; and she was never able to leave her bed nor to straighten her knee. When admitted, her knee was bent nearly at a right angle; the tibia and fibula were displaced backwards; there were several openings along the line of the tibia from knee to ankle, dead bone being seen at one place for an inch, and here a small artery could be seen pulsating. There was no movement in the knee, and the ankle was not of much use. There was a good deal of pain in the leg, and considerable discharge. On Nov. 7th the patient was placed under chloroform, the leg was bandaged with an elastic bandage from the foot upwards, and Esmarch's india-rubber band tied above the knee. Amputation was then performed at the knee-joint. Partial anchylosis had occurred. The extremity of the internal condyle of the femur was removed, the other parts being healthy. The popliteal artery was ligatured, and torsion applied to others. The stump was fixed upon a splint, and the wound dressed with dry lint, covered with cotton wool. Pulse 112, small and feeble; temperature 99·2°. She had a quiet night and slept well, but felt sick; she, however, was able to take milk, wine, and beef-tea without vomiting. She had a little headache on the 9th, which continued.—28th: She had progressed without interruption, excepting the nausea after eating and occasional pains in her leg, principally in the night. The flaps had now nearly united, there being some slight discharge coming from the natural opening left in the anterior flap.—Dec. 13th: She had suffered a great deal of pain in the stump, especially at night. Had felt very sick, and vomited on the 9th. She was able to sleep but very little, and had slight diarrhœa. Poultices had been applied to the stump, which relieved the pain; but the nausea still remained, as did also the diarrhœa.—22nd: The leg was improving, only a slight discharge appearing; the diarrhœa had ceased, but returned again, and continued up to the date of her discharge from the hospital. She had also suffered a good deal from pain in the abdomen and shooting pain in the stump, which disturbed her rest. She was, however, able to get up on the 2nd of January, 1874, looking much better, and left the hospital on the 3rd. One month later she was well and about.

CASE 43. *Chronic osteo-arthritis of knee-joint; amputation at the joint; recovery with an excellent stump.* (Reported by Mr. Bottamy.)—Thomas S——, aged forty-eight, a porter, was admitted into Guy's Hospital, under the care of Mr. Bryant, with extensive disease of the right knee-joint. He had been a healthy man till ten years ago, when he had scarlet fever, and after that he had been subject to rheumatism. Two or three years ago he first noticed some swelling in his right knee, and this had gradually increased. For some months he had been unable to walk or work. On admission the right knee was much swollen; it measured in circumference 21¼ in., the left measuring only 14¼ in. The condyles of the femur were immensely enlarged, and crests of new bone surrounded the condyles. The inner condyle was much longer than the outer. The head of the tibia was expanded and altered in shape. The leg was like a flail; it could be moved and bent in any direction; all its ligaments were gone. Amputation was suggested and consent obtained, it being clear that nothing less was of use; and with such a limb, however artificially supported, the man could not work. It was consequently performed by Mr. Bryant on January 11th, 1870, the leg being taken off at the knee-joint, with a long anterior and a shorter posterior flap, the arteries being twisted. The operation was followed by little or no constitutional disturbance, and convalescence went on steadily and well. It was retarded a little by the exfoliation of a small shell of bone from the edge of the internal condyle of the femur, but nothing more, and the formation of one or two abscesses; but he left the hospital on March 25th with a strong stump that could bear any reasonable amount of pressure, and could support his body. As an example of amputation at the knee-joint it was very good; but, considering the condyles of the femur were expanded and thickened from rheumatic disease, the result was most satisfactory. The head of the tibia after the amputation was seen on its inner half to have been ground down for more than one inch by the inner condyle of the femur. All the articular cartilages were gone.

Remarks.—These eight cases are, I think, enough to prove the proposition I have advanced. In Case 36—one of disease of the knee secondary to disease of the tibia, that occurred in 1863—I wrongly amputated above the knee, and as a consequence had a secondary ostitis and necrosis to contend with. Had I at that time my present knowledge, I should have taken the leg off at the knee-joint, when no such complication as I have recorded would probably have taken place. In Cases 37 and 38, both of disease of the knee, the flaps were brawny, and yet a rapid repair followed; the division of tissues infiltrated with inflammatory products having no injurious influence. In Case 39—one of disease of the knee-joint—albuminuria complicated the treatment, and yet no bad result followed an amputation at the knee-joint. In the other cases, four in all, amputation at the knee-joint was performed through the diseased tissues, with a good result. In all the cases the diseased parts were alone removed; no healthy tissues were sacrificed for the sake of the operation; and in all good results ensued.

(To be concluded.)

ON THE PRESENCE OF A FILARIA IN "CRAW-CRAW."

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(*Communicated by the* DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE NAVY.)

AMONG the natives of the West Coast of Africa there is of frequent occurrence a peculiar skin disease called the craw-craw. Its intractability, contagiousness, and irritating nature so aroused my attention that I was induced to bestow much time on its microscopic examination, and succeeded at length in discovering a filaria which I believe to be the immediate cause of the complaint. I shall make some remarks on the nature, appearance, &c., of the craw-craw, and then proceed to the mode of procuring, and the description of, the filaria.

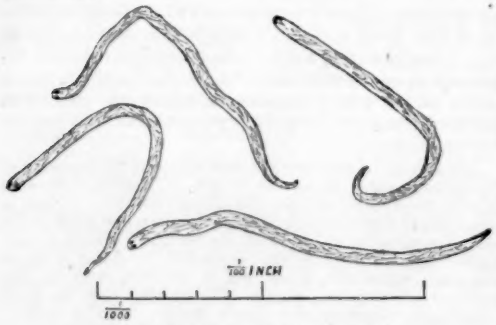
At first sight a well-marked case suggests the presence of extensive scabies in all its stages of development—the papule, the vesicle, and the pustule; showing itself first in the clefts of the fingers, front of the wrists, and back of the elbows, seldom being found on the face, and always accompanied with intense itching. It should be stated that all the cases examined, about six in number, were in the persons of negroes, where the native hue of their complexion obscures the blush which, in the case of a "white man," would surround every eruption accompanied with irritation. The papules arise singly and at irregular intervals, increase to the size of a pin's head, feel firm to the touch, and, on account of the reason above stated, appear of the same colour as the surrounding integument. In some cases the papules arrange themselves in a crescentic form, like ringworm; still it appears this is accidental, and that the separate and scattered distribution is the more common. In about two days' time the papule becomes converted into the vesicle, with very little increase in size, and in the course of a couple of days the pustule is developed, rapidly enlarging, and uniting with those in its immediate neighbourhood. In the height of his suffering the patient tears the pustules, and their liberated and desiccated contents produce large and unsightly crusts. Night or day produces little alteration in the amount of itching, the cool of night tending, if anything, to lessen the irritation. The contagiousness of this disease is so well known that those affected are most studiously avoided. Three days' time is said to be the period at which the complaint shows itself after productive contact, and it is popularly believed that, though a person affected should, in search of its riddance, proceed to the Cape of Good Hope, or some other cool latitude, the disease, which thus merely becomes latent, will burst out with all its former vigour when the unfortunate patient returns to the warmth of the tropics. Sulphur, so beneficial in scabies, is here of doubtful efficacy, and the nostrums of the native "medical man" have frequently failed in bringing relief after six months' application.

Having placed the contents of a pustule beneath the microscope, nothing could be seen except pure pus-corpuscles; the vesicle gave no further information, and it was the papule which was at length successfully examined.

After many trials I find the readiest way to procure the filaria is to take between the finger and thumb a fold of the skin, so that the papule will be the highest point, then with a very sharp scalpel slice off the epidermis, which may be discarded; now take another slice, which will remove the base of the papule and the cutis vera. This film, moistened with a drop of water, and magnified about 100 diameters, will very likely contain at least one filaria, easily detected in the field by its violent contortions. Thread-like in form, at one time undulating, and now twisted as if into an inexplicable knot, then, having rapidly untwined itself, it curls and coils into many loops. After some minutes beneath the microscope the motions of the little worm become less energetic, and it spends the last moments of its existence in gradually extending itself to near its full length. Measuring it now we find its length about $\frac{1}{100}$ inch, and its breadth about $\frac{1}{1000}$ inch, and with the exception of the abruptly pointed tail the filaria is of nearly equal breadth throughout its entire length. At the head, or blunted extremity, two small dots are noticed, but their nature could not be determined.

If the scalpel used be not sufficiently sharp to completely remove the slice to be examined, it should be detached by means of scissors, and not with forceps; and if the section be taken at a sufficient depth, five or six filariæ may be seen in the field together, though the pain thus caused the negro has prevented me from obtaining many such specimens.

The accompanying drawing is taken by means of the camera lucida.



Filariæ in "Craw-craw" (× 200 diameters).

I have to return my best thanks to Dr. Thomson, Glover Expedition, Addah Fort Hospital, for having placed at my disposal those cases of craw-craw which were under his care.

HISTORY OF A CASE OF PYÆMIA IN PRIVATE PRACTICE,

IN WHICH RECOVERY TOOK PLACE AFTER EIGHTEEN ABSCESSES HAD OCCURRED.

BY FREDERICK H. DALY, M.D.

THERE are many points of interest in the following history of a case of pyæmia occurring in private practice—indeed, some features of the case are almost, if not quite, unique. I may just draw attention to a few.

1. The origin of the pyæmia was a small carbuncle at the back of the neck. There was no possibility of contagion in the case, and the hygienic surroundings of the patient before the attack were everything that could be desired.

2. The almost complete symmetry of the abscesses, occurring, as will appear, in nearly the exact same position upon both sides.

3. The fact that although several of the abscesses were in the immediate vicinity of joints, there was no abscess in the cavity of a joint during the whole progress of the case, neither was there any internal abscess.

4. The cessation of discharge from the existing open abscesses when a new one formed elsewhere, as if the formation of a new abscess starved the old ones.

5. The enormous quantities of stimulants taken by the patient, and the very large doses of steel and quinine given, without any very apparent good or bad results. Half an ounce of tincture of steel and twenty grains of quinine were taken *each day* for months.

6. The administration of mercury in an asthenic disease like pyæmia.

7. The presence of albumen in the urine for one day only.

8. The fact that there was no rigor or sweating preceding the formation of any of the large earlier abscesses.

9. The register of temperature twice daily for such a lengthened period in a case of pyæmia.

To the above interesting points in the case Mr. Jonathan Hutchinson, who saw the patient frequently with me in consultation, and who kindly read over my notes, has added the following remarks:—

(*a*) In connexion with the absence of rigors in association with the abscesses, it is worth noting that when, late in the case, erysipelas attacked the skin a rigor of considerable severity denoted its onset.

(*b*) Although there was never any suppuration in any joint, yet several of the joints were at different times very painful, and in the knees it was certain that there was for a time considerable effusion.

(*c*) Through the greater part of the case the patient was of an earthy pallor, almost cadaverous.

(*d*) The excessive sensibility of his lower extremities, especially of his feet, was very marked. This hyperæsthesia led him to dread the slightest touch or movement. For months he lay with his legs absolutely still, so far as voluntary movements were concerned. Probably the state of fixation, from inability on the part of the muscles to relax, which existed during the early part of his convalescence was due to this long-continued period of extreme rest. He kept them perfectly straight, and would not endure the least suggestion of movement of any joint.

(*e*) In the earlier part of the case, most of the abscesses, which when opened contained unmixed pus, began, after a day or two, to drain away a thin blood-stained fluid. This occurrence, which was repeatedly noticed, suggested that there was a tendency to the migration of red corpuscles as well as of the white ones.

On March 10th, 1873, I was consulted by a Swiss gentleman about a small carbuncle on the back of the neck. It was not larger than a shilling, and had already broken. I ordered a linseed poultice and cerate of resin. He looked a little out of health, but not particularly so. He had, some years back, resided in India for five years, and suffered from dysentery there. Since then he has been very subject to boils. Has never had syphilis, and always been most abstemious. I recommended him to remain away from business for a few days, which he did, and to live generously, also prescribing citrate of iron and quinine. I saw him on the 11th, 12th, and 14th, when the little carbuncle had healed, and he expressed himself as feeling much better and ready for business.

On the 18th of March I was again sent for to see him, and he informed me that "he was suffering from rheumatism"—that "his back and some of his joints were painful." He certainly had intense pain in his back, and there were pains flying about the limbs and joints. He was sweating a very little; the urine was loaded with lithates and very acid; temperature 102·8°; *had no rigor*; pulse 110; tongue coated with creamy fur. Ordered milk diet, and an alkaline mixture and ten grains of Dover's powder at bedtime.

19th.—No better. The pain in the limbs and joints is not complained of, but the back pain he describes as most acute and almost unbearable. He had no sleep, and his temperature at noon was 103°; pulse, tongue, and urine the same as yesterday; bowels confined. The pain in the back is so great that he dare not move. Carefully examined the back, but could find no better explanation of the pain than rheumatism, and the general symptoms seemed to point the same way—such as the temperature, tongue, skin, and urine. To continue the same treatment, and take fifteen grains of Dover's powder at bedtime. I also got him a bed-chair with arms, in which he was able to sit and sleep in comparative ease.

20th.—No change; pulse and temperature the same, the

former being 110 and the latter 103°. Had a little sleep from the opiate.

He remained in much the same state until the 25th, when the temperature at noon was 105·2°, and the pain in the back became intolerable. *No rigor.* I gave six grains of quinine every four hours, and by the next day the temperature had fallen to 102·2°, and I thought I could detect obscure deep-seated fluctuation in the back. To continue the quinine, to have a large linseed poultice to the back, and to have eight ounces of sherry during twenty-four hours, and as much light nourishment as possible.

27th.—Temperature 103·2°. No rigor from the beginning of the symptoms; fluctuation in the back more distinct, but still very deep-seated.

28th.—Temperature 105·4° at noon; pulse 128. No rigor; decided very deep-seated fluctuation in the back; is in great pain. Met Mr. Hutchinson in consultation in the afternoon, who opened the abscess in the back, which was very deep-seated, and contained a pint of unhealthy-looking pus, mixed with pieces of cellular tissue. There was some bleeding, requiring the ligature of two small vessels. To continue the same diet and medicine, with the eight ounces of sherry. He would not take any other wine or spirit. Abscess to be well poulticed and frequently well washed out with carbolic-acid solution.

29th.—Morning temperature 103·6°; pulse 100. Profuse discharge from the back, very unhealthy-looking. Had no sleep; takes his nourishment well; tongue cleaner. Evening temperature 104·2°; pulse 110.

On the following day there was no change, and the abscess continued to discharge freely; but on my evening visit, on the 31st, he was much worse: his temperature was 106·2°; pulse 130; no rigor; refused his nourishment; urine scanty and full of lithates, no albumen, sp. gr. 1020. The discharge from the abscess *had ceased quite suddenly.* There was no indication of a fresh abscess. He looked badly, and was very restless. To have as much champagne as he will take, and half a drachm of the sedative solution of opium at bedtime.

April 1st.—Slept from the opium. Temperature 100°; pulse 100. No discharge from the back; but I still keep it poulticed, and it is well open—quite a large hole. By the evening the temperature had again risen to 105°; pulse 116; back still quite dry. But he now complained of pain in the middle of the left forearm, and in almost the corresponding place in the right forearm; also just above the left popliteal space. He has had no rigor.

2nd.—He continued in much the same state, still complaining of pain in the forearms and popliteal space.

3rd.—Mr. Hutchinson saw him with me at 9.30 A.M. His temperature was then 104°; pulse 106. He looked yellowish; tongue coated; urine high-coloured; no albumen. He is low-spirited, and slightly deaf. He takes his nourishment badly, but has eight ounces of sherry and one pint of champagne during the twenty-four hours; he also takes twenty grains of quinine daily. We could readily detect fluctuation in the forearms and popliteal space. There had been no rigor. Mr. Hutchinson opened these three abscesses; that on the left forearm was large, the other two were smaller. He has had no sweating. No discharge from the back.

4th.—In the same state, but the back has now again begun discharging; the other three abscesses also discharge freely. For some days he has been threatened with a bed-sore over the sacrum, so I put him on one of Hooper's water-beds.

5th.—Mr. Hutchinson again saw him with me and thought him better. He is threatened with a small abscess on the back of the right arm above the elbow, but the fluctuation not being very distinct, we did not open it. Four abscesses discharging freely. Morning temperature 102°; pulse 104. Evening temperature 105·2°; pulse 110. No rigor or sweating; takes his nourishment well, and continues his stimulants and quinine.

6th.—Temperature: morning, 100°; evening, 103·8°. Had a good night. During his illness his bowels have always required an enema to get them to act, which during the progress of the case he had twice a week. Takes plenty of milk and beef-tea. Four abscesses discharging well.

7th.—No discharge from the abscesses, but there is now distinct fluctuation in the right arm above the elbow. I opened it, and let out about a wineglassful of pus. He had no rigor or sweating.

8th, 9th, and 10th.—No change; the five abscesses discharging freely.

11th.—Much worse; looks alarmingly ill; all discharge has quite ceased from all the abscesses, except a little watery matter from the left forearm; has had a distinct rigor, the first since the attack. Morning: temperature 103°; pulse 110. Evening: not taken. Refuses his nourishment and stimulants, but says he will take rum-and-milk; complains of pain in the left shoulder-joint at the insertion of the deltoid muscle, and also in the front of the left thigh. I opened a large abscess in each place, that in the thigh being very deep-seated.

12th.—Better. Temperature fallen to 101·2°; pulse 100. Tongue much cleaner; slept fairly well, and takes his nourishment again; he eats a large quantity of dry bread-crust with his champagne; he now takes two pints of champagne and four ounces of rum during twenty-four hours; he takes also freely of soup, beef-tea, and gruel.

13th.—Not so well again. No discharge from any abscess. Morning temperature 103°; evening 105·2°. No rigor. Discovered fluctuation above the spine of the left scapula, and also above the right elbow; let out a considerable quantity of unhealthy pus from each place.

I may here remark that all abscesses were poulticed while they continued to discharge, and well washed with carbolic-acid solution; and when the discharge ceased they were dressed with either carbolic oil or zinc ointment. It was observed that the poulticing had no effect in promoting the discharge or otherwise. It would return in one of the wounds suddenly, and then as suddenly disappear, when a new abscess formed elsewhere.

At my evening visit he was very irritable; complained of feeling tired; could not bear to be touched or spoken to; and refused nourishment of all kinds. Called to him at midnight, I found him wandering and excitable. Has had only two ounces of brandy, and no other stimulant. He says he is unable to individualise the several parts of his body—i. e., cannot be sure that he has two hands or feet, and feels only "like a great lump of unshapen matter." To continue the brandy and champagne.

14th.—Is quite calm again this morning; temperature 102°. Could not get any sleep. Says he feels hungry. To have a mutton chop for dinner (of this he ate half). His pulse is very weak. Met Mr. Hutchinson in the afternoon, and, while we were examining our patient, he found a deep-seated abscess behind the left elbow, which he opened: it had caused no pain. Mr. Hutchinson advised thirty minims of sedative solution of opium at bedtime, and to add twenty drops of tincture of perchloride of iron to each five-grain dose of quinine three times a day. To continue two pints of champagne and four ounces of rum daily.

(To be concluded.)

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum propriis collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

FRACTURE OF THE CERVICAL SPINE; IMPORTANT FACTS AS TO TEMPERATURE, ETC.

(Under the care of Mr. HUTCHINSON.)

THE chief interest of the following account, for the notes of which we are indebted to Mr. R. H. Fox, consists in the description of the symptoms produced, and especially of the remarkable changes in the temperature of the patient. There can be no doubt that the spinal cord was crushed, at the time of the accident, at the level of the body of the fifth cervical vertebra.

Thos. L——, aged thirty-nine years, a carman, was admitted into Mellish ward, on Dec. 24th, suffering from a fracture of the spine in the cervical region. The patient stated that he was quite well on the preceding day, and, as usual, drank a

moderate quantity of beer in the course of the day. At 9 P.M. he was driving in a cart, when the horse stumbled, and he was pitched out and fell on his head. He came to the ground with his head doubled on to his chest. He was at once rendered insensible, and lost all power of motion of his legs and arms; and he thought that he had passed urine involuntarily. He was carried to a hospital, where he was "galvanised": this he remembers. The wound in his head was dressed, and he was sent away (probably on the assumption that he was drunk). He was then carried home. He did not sleep all night, and was very uncomfortable, and had pain at the back of the neck. In the morning he was carried to the London Hospital, where he was admitted at 11.30 A.M., fourteen and a half hours after the accident, in the following condition:—The patient appeared to have complete motor paralysis of both arms and legs. He had complete paralysis of sensation in the feet, the legs, and the thighs. No reflex action was produced by tickling the soles of the feet. There was loss of sensation over the abdomen, and over the thorax up to a transverse line crossing the chest three inches above the nipples. Sensation was present over the shoulders, and as far down the arms as the level of the transverse line across the chest; below this line the arms were quite devoid of sensation. The back was not examined. Sensation existed over the head and neck. The tongue and eyelids, and also the lower jaw, could be easily moved, and occasionally the head was turned to one or other side. The patient spoke in a low voice, without apparent difficulty. There was priapism, the penis being venously congested to a considerable extent. The patient was not conscious of the priapism until his attention was directed to it, and he stated that he did not feel it. The respiratory movements were 17, or less, to the minute, and diaphragmatic; the pulse was 60, and the beats were soft, full, and a little irregular. The extremities did not feel cold to the touch, but the whole surface of the body was rather chilled, probably from exposure. A thermometer, placed in the urethra, standing at 91°, rose in three minutes to 91·3°; another thermometer, in the axilla, rose in the same time from 91° to 92°; a third, in the mouth, rose in the same time from 91° to 92·2°. The patient lay flat on his back, with his limbs stretched out, and his head rather low. He turned his head to one side occasionally. With the exception of this movement, and those of the jaw, tongue, and eyes, he was quite motionless; the alternative heave of chest and abdomen in respiration must also be excepted. He stated that he had pain at the back of his neck. This pain was towards the lower part, but did not seem to be very circumscribed. He kept complaining of the pain in this part and across the shoulders, and he begged to have it relieved, and asked whether any bone was broken. The patient was put to bed on a chair-bed, and hot bottles were applied to the feet. Beef-tea and brandy were administered. Soon after examination the priapism was observed to be somewhat less marked. At 2.30 P.M. his teeth chattered, and he complained of it. He wanted to cough, but was unable. Feeble attempts to contract the abdominal muscles were visible, but failed. The thorax could be made to expand passively. He complained of pain not only at the back of the neck (in the lower part) and over the shoulders, but also "in the muscles of the arms." He said his shoulders felt "regular tired out." There was a tight constricting pain around the chest. Since he had been in bed his skin had become warmer. A thermometer in the urethra rose from 90° to 93·8° in forty minutes; another, in the axilla, rose from 90° to 94·3° in thirty minutes.—9 P.M.: Temperature, in the urethra, 99·3°; in the axilla, 99·5°. The thermometers were put in at 90°, and left in for about three-quarters of an hour. The priapism had nearly all gone down. The extremities felt warm. His bladder seemed rather full. A No. 9 silver catheter was carefully passed, and a large quantity of clear urine was drawn off.

Dec. 25th.—10.30 A.M.: Patient had passed an uncomfortable night. The pain and discomfort were so great that the house-surgeon was sent for. His respiration was now difficult. The larynx was violently elevated and depressed at each respiratory act. He could hardly swallow. He ejected the beef-tea &c. that were given to him from the mouth. He also brought up a small quantity of fluid apparently from the stomach, the liquid being squirted from the mouth without any facial movement. He seemed to be unconscious. The pulse was 120, small. The priapism had almost gone down. About half an hour after this he died (thirty-eight hours after the accident). A thermometer was placed in the urethra thirty minutes before death. It was put in at 94°; on its removal, two or three minutes after death, it stood at 106·3°.

The appended table shows at a glance the several observations of the temperature:—

	Urethra.	Axilla.
15th hour	91·3°	92°
18th „	93·8°	94·3°
24th „	99·3°	99·5°
38th (time of death)	106·3°	

Autopsy, Dec. 27th, 3.30 P.M., fifty-two hours and a half after death.—The body was well nourished. The lungs were markedly congested. The heart was rather large. The tricuspid orifice was dilated, and admitted the ends of six fingers. The left ventricle was flaccid and somewhat dilated; its walls were soft, probably the result of decomposition after death. The liver showed the existence of "acute parenchymatous degeneration"; its substance seemed nearly uniform; the divisions between the lobules were not apparent. The kidneys were in a state of venous congestion. The bladder was moderately distended; it presented nothing unusual. The other viscera were also congested. There was no wound in the skin of the neck. On dissection of the spinal region, blood was found extravasated amongst and in the tissues of the back of the neck. There was a fracture of the spine—the line of fracture passing transversely through the body of the fifth cervical vertebra, the upper fragment of which was displaced forwards, thus jutting into the spinal canal. The canal contained blood, but the membranes did not seem to be injured. There was distinct softening of the spinal cord opposite the injury. On section it was found ecchymosed, the blood being extravasated in small patches. The whole thickness of the grey matter of the cord at that spot had a reddish granular appearance.

MIDDLESEX HOSPITAL.

CASES OF COXITIS TREATED BY EXCISION.

(Under the care of Mr. HULKE.)

THE following series, taken without reservation from Mr. Hulke's case-books, comprises all the cases of coxitis which he has treated by excision in the Middlesex Hospital. Containing, as it does, the unsuccessful as also the successful cases, it forms a trustworthy, though small, contribution to the statistics of this operation. The cases are stated at some length in order that the reader may better appreciate the state of the joint and the general condition of the patient when the operation was done. In no instance was excision performed until after suppuration, when the joint was disorganised, and the patient's strength had so much failed that recovery by other measures was no longer to be expected. In every instance save one the great trochanter with the remnant of the head of the thigh-bone was removed, and the capsular ligament, and the periosteum with the muscular attachments, were always spared as much as possible. The incision for which Mr. Hulke has a decided preference is curved; it is begun at the centre of an ideal line drawn from the anterior superior iliac spine to the great trochanter, and is produced backwards and downwards behind and below the latter epiphysis. This incision affords a free access to the joint and a dependent exit for the discharges. The wound is always washed with an antiseptic, usually a solution of zinc chloride, and efficient drainage is always provided for. In the first case a bracketed Liston's splint was applied to the operated limb, but in all the later cases a De Morgan's splint (which is put on the unoperated limb) was used, and, after watching the use of various other appliances both in the Middlesex Hospital and formerly in King's College Hospital, Mr. Hulke gives this a very decided preference. It is simple, efficient, and allows the freest access to the wound for dressing &c. Mr. Hulke is careful to have the patient on a thick, firm, level, horse-hair mattress, and to protect the sacrum from bedsores with a water or air ring cushion.

*In judging of the value of excision it should ever be borne

in mind that it is often undertaken with the object of saving life rather than with the expectation of preserving a very strong and efficient support. Moreover, as some have already remarked, its results should be compared rather with the limbs of survivors after an equal amount of disease in the joint where the coxitis has been arrested by other measures than with the member which has never been diseased. Evidence of an amyloid liver or kidney, or of lung disease, was considered a bar to operative interference.

Of the ten cases here recorded, one died eleven days after the operation, and one after an interval of about five months. The patient, a young adult (B. M.), returned home into the country seven months after excision with small expectation of his ultimate recovery. It was considered that amputation at the hip would have afforded him a fair chance of living, but he would not agree to it. One patient (F. G. N., aged nineteen), still in Forbes ward, underwent amputation at the hip in October after excision in the preceding May under very unfavourable circumstances, and his present condition is very hopeful. One other patient is still under treatment. The extensive disease of her pelvis and her feebleness and great emaciation make her recovery improbable. But even in this case, should the final outcome be unfavourable, the operation will not have wholly failed, for it has much relieved the child's sufferings.

1. E. S——, aged three years and a half, was admitted into Queen ward on June 1st, 1873, with coxitis of four months' duration. The right thigh was acutely flexed and adducted, and the patient steadied it with her hands, fearing the slightest movement. The knee was bent. At the outer side of the thigh, below the great trochanter, was a sinus left by an abscess, which had broken three weeks before, whilst she was in St. George's Hospital. The buttock was flattened; the soft parts about and above the great trochanter were thickened and swollen. She had great pain in the hip, aggravated by movement, and the whole limb was very wasted.

Under anæsthesia the posture of the limb was rectified, so far as this could be done without violence. A De Morgan's splint was applied, and ice-bags placed on the front and outer side of the joint. At first, as in some of the cases reported at p. 196, there was some improvement, but fresh abscesses formed, and the patient's strength failed so much that excision could not be postponed. Her abdominal and thoracic viscera seemed healthy.

The head of the thigh-bone was removed on July 1st, through a curved incision. Its articular cartilage had wholly disappeared; a small shred of the ligamentum teres remained. There was extensive necrosis of the acetabulum, and a perforation. The dead pieces, not yet exfoliated, were cut away. The wound was closed after being washed out with a carbolic acid solution, and a drainage-tube inserted. The limb was fixed as usual with a De Morgan's splint and sand-bags.

Next day she said she had lost her old pain, and since the operation she has suffered comparatively little. From time to time her progress has been chequered by the formation of fresh abscesses, and she still remains under treatment. On the whole, she is gaining flesh, but the persistence of the suppuration is ominous of a continuation of the acetabular osteitis.

2. J. Y——, aged ten, was admitted 10th March, 1868, with coxitis and a sinus at the inner side of the thigh, under Mr. Shaw, who, on the 1st April, opened a large abscess and washed out its cavity with a solution of zinc chloride. On the 27th May the child's condition was as follows:—The left thigh and leg were very wasted, and there was shortening of about one inch. The foot was everted, and the natural hollow of the groin was replaced by considerable swelling. There was also a large fluctuating swelling of the buttock. There were several sinuses at the front, one at the inner side, and a third at the back of the upper front of the thigh, all of which discharged copiously. There was great suffering, aggravated by the least movement, and the patient was greatly exhausted. The liver was not enlarged; no albuminuria. The lungs were apparently sound. Mr. Shaw now courteously transferred him to Mr. Hulke for excision, which was done the same day. The upper end of the thigh-bone with the great trochanter was turned out through the usual curved incision and sawn off. Some small exfoliated sequestra were then removed from the acetabulum. The wound was washed out with a watery solution of chloride of zinc, and the incision was then closed with sutures, except at one spot where an india-rubber drainage-tube was inserted, its other end being passed out through one of the sinuses in the thigh. The limb was adjusted in the usual manner, a De Morgan's splint being used. The head and neck of the thigh-bone had almost entirely disappeared, and the acetabulum had lost most of its articular cartilage.

He slept the same night, and next day said he was in less pain. His progress was steady. At the end of July the wound had nearly closed, the sinuses too were shrinking, the discharge had greatly lessened, and his general condition was much improved. In September he was allowed to be taken into the garden wearing a leather splint. On October 14th he was dismissed. A small sinus at the back of the hip, discharging a few drops of pus, alone remained unhealed. His left leg was, by careful measurement, found to be one inch shorter than the right.

He was seen three years after this. He still, for precaution, wore a leather splint. The cicatrix of the operation and all the sinuses were sound. No bony anchylosis had formed. He had a considerable range of active movement in the false joint, flexion and extension, and also adduction and abduction, and he moved about nimbly without crutch or stick.

KING'S COLLEGE HOSPITAL.

ANEURISM OF THE LEFT COMMON FEMORAL ARTERY; LIGATURE OF THE EXTERNAL ILIAC.

(Under the care of Mr. ROYES BELL.)

THE patient in this case was a muscular man of fair complexion, aged thirty-four, who had been in the navy up to twelve months ago, when he was discharged after serving his full time, and apparently in good health. After this he became a warder in a prison, where his duties were light. About three months ago he noticed a small pulsating swelling in the left groin. He did not pay much attention to this for several weeks, but as the swelling gradually increased he applied to Mr. Bell about four weeks ago, and was admitted into the hospital. The case, which was evidently one of aneurism of the femoral artery, was treated by means of pressure with canister and shot, but as the aneurism continued to increase in size, and the walls had become very thin, it was deemed advisable to ligature the external iliac artery. Accordingly on Saturday last the patient was put under the influence of chloroform, and the artery was tied with a hemp ligature after Liston's modification of the plan proposed by Abernethy. Pulsation was immediately stopped when the ligature was tightened. Since the operation the patient has done well.

BRADFORD INFIRMARY.

HYDATID DISEASE OF THE LIVER.

(Under the care of Dr. R. G. ALEXANDER.)

MARY D——, aged forty-three, married, was admitted into the infirmary September 23rd, 1873. Eighteen months before she felt quite well, but shortly after this she had occasional attacks of pain in the region of the abdomen, which might have been due to flatulent distension and constipation, to which she had for many months been subject. Twelve months before admission she first noticed the swelling in the abdomen, and it was attributed to pregnancy, although she continued to menstruate regularly, and had not had a child for twenty-three years.

On admission, the patient stated that she generally felt pretty well. The temperature was normal; the tongue clean; urine acid, sp. gr. 1015, and contained a trace of bile. The conjunctivæ were rather yellow. The abdomen was irregularly enlarged; and, upon digital examination, several circumscribed tumours were discovered, being more numerous at the anterior part than at the sides. The manipulation of these caused no pain. On percussion, by laying two or three fingers of the left hand very gently on the most prominent part of the tumour and striking another part of it at a distance of three inches, a distinct trembling vibration could be perceived. This hydatid vibration could only be felt in one of the cysts.

On the 8th of October two or three of the cysts were punctured and their contents emptied by means of the aspirator. The fluid thus drawn off was clear and alkaline, slightly albuminous, and contained a large amount of chloride of sodium, but no echinococci were detected by the microscope. The temperature rose to 100·4° after the operation, but a week after the patient expressed a desire to go home and to attend occasionally as an out-patient. She was consequently discharged on the 16th of October. From this time the tumour continued to increase in size, and the patient had attacks of sickness and prostration.

She was again admitted on the 6th of Feb., 1874, and on the 17th was tapped by Mr. Miall, and the cysts were injected with tincture of iodine. This seemed to cause very little constitutional disturbance, the temperature after the operation never being higher than 100° F. On the evening of the operation, morphia was injected hypodermically, to relieve the pain. On the 19th the evening temperature was 99°, and from this time she continued to improve, and was discharged on the 7th of March. For some months she came occasionally as an out-patient, to report progress, and during this time she gained flesh and improved remarkably in her aspect, which previously had been sallow and cachectic—so much so that the case had by some been declared to be one of malignant disease of the liver.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

THE ordinary meeting of this Society was held on the 16th inst., Mr. Pollock, the President, in the chair.

A report upon Dr. Dowse's specimen of invaginated intestine (shown at the last meeting), by Mr. Morris and Dr. Greenfield, was read by Mr. Morris. The report stated that the specimen consisted of a diverticulum from the ileum, adherent by its anterior wall to a sac formed in the inguinal canal; the intestine communicating by a small aperture with the surface of the body, which had probably resulted from ulceration commencing within the diverticulum.

A report by the Morbid Growths Committee on Dr. Murray's case of ovarian tumour was read by Dr. Payne. It stated that the tumour was composed in great measure of an imperfect cystic formation, many of the cysts containing solid or semi-solid material. Much of the substance of the tumour appeared, under the microscope, to consist of sarcomatous tissue, especially in the more recently formed parts; but a large portion resembled cytogenous or lymphatic tissue, containing numerous imperfectly formed cysts, which were probably dilated lymphatics.

Dr. DOWSE showed a living specimen of Congenital Deficiency of the Acromial ends of the Clavicles, which gave rise to much diversity of opinion. The patient, who had been under his care for two years and is subject to epileptic fits, is a girl seventeen years of age. She is the eldest of eleven children (six of whom are living), and born of healthy parents. It appeared that her mother, at about the third month of pregnancy, went into the country, and was much frightened by treading on frogs; and to this circumstance was attributed the patient's condition. The child was born at full term, and walked and talked at the usual time. She was intelligent until nine years of age, when the fits began. There is some deformity of the head. The acromial halves of both clavicles appear to be absent. The movements of the shoulders are somewhat peculiar; there is full power of executing all the movements which depend on the muscles moving the shoulder; and there are, in addition, some other movements not usually possible.—Mr. WAGSTAFFE inquired whether there was any bone at the outer end of the clavicle, as there appeared to be a joint in that situation, and there might be a part of the acromial end. He suggested, moreover, that the stage of pregnancy at which the maternal impression occurred was important, as the clavicle begins to be ossified at such an early date.—Dr. DOWSE replied that he did not think there was any joint; there was some dense fibrous tissue on the left side, but a complete absence of the acromial end on the right side.—At the suggestion of the President, a committee of surgeons, consisting of Messrs. De Morgan, Henry Smith, and Morris, was appointed to examine the case. Subsequently their report was given by Mr. HENRY SMITH. He stated that the case was a difficult one to decide, and they were not perfectly unanimous about it. There was much distortion on both sides; on the left side there was a distinct space between the inner portion of the clavicle and the outer end. They believed that on the left side there had been, at some time, probably during intra-uterine life, a fracture of the clavicle. On the right side the condition was less distinct; there was a small mass towards the acromion, but they were disposed to doubt its connexion, and thought there might possibly be a defective development on this side. The smaller mass felt might have been the tip of the coracoid process, mistaken for the acromial end of the clavicle. On the whole, they were disposed to believe that it was a case of fracture of both clavicles, probably intra-uterine.—Mr. MORRANT BAKER was inclined to believe that Dr. Dowse was right, in opposition to the views of the committee, and he thought they had mistaken the coracoid process and upper end of the scapula for the acromial end of the clavicle. By the strong action of the pectoral muscles the patient was able to bring the shoulders in contact, which could hardly be the case if the outer end of the clavicle remained.—Mr. DE MORGAN concurred in the views of Mr. Smith; he believed that the bone felt was the acromial end of the clavicle, and on deep pressure he believed he could feel the coracoid more deeply; certainly on the left side it appeared to be so. From this case it seemed as if we wanted a new view of Darwin's theory, for the girl has more use of the shoulder than other people, and the clavicles seem to be mere useless appendages.—Dr. PYE-SMITH supported the view of Mr. Morrant Baker and Dr. Dowse, for he had observed on the right side that when the nodule of bone was firmly grasped, and the girl made to flex the arm, the coraco-brachialis could be felt contracting and attached to that nodule, which was therefore the coracoid process. The condition, if one of arrest of development, would reduce the case to precisely what is found in carnivora, as the lion. The inner part of the bone which ossifies in cartilage is ossified, whilst the anterior and external part which ossifies from the perichondrium was not developed.

Dr. BURNEY YEO showed a recent specimen of Double Aneurism of the Thoracic Aorta, removed from a patient aged thirty-eight, who died under his care. The first aneurism sprang from the outer aspect of the first part of the arch; it was an oval sacculated aneurism the size of a hen's egg, communicating with the vessel by an opening an inch and a half above the semilunar valves. The other aneurism arose from the descending part of the arch, extending nearly four inches along it, and partially dissecting the coats at the lower part. The sac of this aneurism communicated by a clean cut circular opening the size of a sixpence with the œsophagus, into which hæmorrhage had occurred. The symptoms had come on eight months before, with pain at one side of the sternum on walking; there had been stridulous breathing, cough and dyspnœa, and some dysphagia. The physical signs of the first aneurism were well marked and of the usual character, but the second was not diagnosed. The interesting points of the case were the occurrence of two aneurisms entirely separate from each other, and at different parts of the vessel; and the absence of any inflammatory adhesion to the œsophagus, into which the aneurism had burst.—Dr. THEODORE WILLIAMS remarked on the rarity of the occurrence of double aneurism occurring in this way, and on the slight adhesion of the sac to the œsophagus.

Mr. CRIPPS showed a specimen of Fatty Degeneration of the Muscles of the Thigh removed from a subject for dissection. All the muscles of the leg and some of those of the thigh were degenerated, in some to such an extent that no muscular fibre could be found, in others a few were found near the centre of the muscle. The muscles thus affected were all those supplied by the great sciatic nerve, with the exception of the short head of the biceps; and the condition was the same on the two sides of the body. The trunk of the sciatic did not appear to be affected.—The PRESIDENT referred to the fact that in "roaring" horses the condition

of the muscles of the left side of the larynx was a similar fatty degeneration, dependent usually on an affection of the left recurrent nerve.—Mr. WAGSTAFFE thought that microscopic examination of the muscles would be of interest, to see whether it was really fatty degeneration, which was rare, or fatty infiltration, which was comparatively common. —Mr. CRIPPS replied that on teasing out a piece of the substance of the muscle, no trace of muscular fibre was visible under the microscope.—Mr. MORRIS remarked that he had observed a similar condition in the rectus femoris on both sides in a subject dissected, and no traces of muscular fibre could be found.

Dr. GREENFIELD exhibited a specimen of Occlusion of Coronary Arteries by atheroma of the aorta. The patient was a married woman twenty-seven years of age, who was brought into St. Thomas's Hospital dead. She had been in good health till the day of her death, when she suddenly complained of feeling queer, and whilst out walking, became faint, vomited, and died in less than half an hour. The commencement of the aorta, immediately above the sinuses of Valsalva, was considerably thickened for about half an inch; the orifices of the coronary arteries extremely narrowed, just admitting a bristle. There were a few patches of atheroma in the coronary arteries themselves, but these were not prominent; the calibre of these vessels was normal, and they were free from clot. The heart was of normal size, weighing eight ounces; the muscular substance firm and the valves healthy. There was also one small patch of atheroma in the wall of the arch of the aorta, but none elsewhere. Microscopically, the disease in the aorta presented the ordinary characters of endarteritic deformans, with very slight atheromatous change; the muscular substance of the heart showed only slight fatty degeneration. The interest of the case appeared to be in the early age of the patient, the absence of previous symptoms, the great thickening of the coat of the aorta, and the slight change in the heart tissue. From a comparison of this with other cases, Dr. Greenfield was inclined to believe that the hypothesis of Dr. Dickinson must be true, and that the muscular substance of the heart must be nourished in great measure by imbibition from the cavities. The disease might possibly be syphilitic, but there was nothing definitely to show that it was so.—Dr. HILTON FAGGE inquired whether Dr. Greenfield had found that fatty degeneration of the heart was usually associated with obstruction of the coronary arteries; or whether, when branches were obstructed, the corresponding portions of the heart were degenerated. In his own experience he had not found these conditions necessarily associated.—Dr. GREENFIELD said he could not state from his own experience whether fatty degeneration accompanied the obstruction of branches of the coronary arteries; as a general rule, the complete obstruction of the arterial supply of any organ would lead to fatty degeneration, but from the present case, and those related by Dr. Dickinson, he was inclined to believe that the fatty degeneration of the heart was only a condition associated with, but not necessarily dependent upon, the obstruction of the coronary arteries.—Mr. MORRIS inquired why, in the case of obstruction of one coronary artery, the blood should not pass into its branches from the branches of the other. Although it is said that there are no communications, Mr. Morris had seen a specimen in which injection had passed from one into the other.

Dr. GREENFIELD also showed two specimens of Obstruction of the Renal Artery by Atheroma, with consequent degeneration of the kidney. In one of these cases—a male, forty-nine years of age—the obstruction was not complete, but the artery was greatly thickened by atheroma close to its origin from the aorta. The corresponding kidney was greatly atrophied, weighing only an ounce and a half, whilst the other weighed ten ounces and a half, and was of large size. In the other case—a female fifty-three years old, who had been under treatment for ovarian tumour with ascites—no symptom referable to the renal condition had been observed. The left renal artery was much obstructed by considerable atheromatous thickening, and also firmly plugged by coagula, which extended into the ultimate divisions. The corresponding kidney was enlarged, weighing four ounces and a half, one ounce more than the right; its capsule was somewhat adherent; the substance of an opaque yellow colour, resembling a wax model, showing greatly thickened and obstructed vessels. Microscopically, in addition to chronic changes similar to those found in the other kidney, there was extreme fatty degeneration of the epithelium, and exudation of white blood-corpuscles around the obstructed vessels. Dr. Greenfield remarked that the cases were of interest as showing the changes which occur in organs as a result of partial and entire arterial obstruction, and also as illustrating a somewhat rare condition.

Dr. GREENFIELD exhibited a specimen of Fibroid Disease of the Heart. The patient, forty-three years of age, died soon after admission to the hospital, and very little could be ascertained of his history. The heart was very large, measuring twelve inches in circumference at the base; the left ventricle greatly dilated, thickened, and of globular shape; in its posterior wall was a large fibrous patch, which was continuous with a similar one at the apex. These extended through the whole thickness of the wall, and at the posterior aspect of the cavity of the ventricle there was a roughened patch, to which coagula were firmly adherent. The cavity of the ventricle was lined by a thick layer of honeycombed clot which appeared to have started from this point. The kidneys presented very numerous small infarcts, the size of a mustard-seed, due to small coagula carried from the heart. The case was of interest as showing a mode of termination of fibroid disease, of which there was no case on record in the Society's Transactions.

Mr. BUTLIN exhibited a Fatty Tumour removed by Herniotomy. The patient was an elderly woman who had suffered from hernia for some years, which came down at times, but was usually easily reducible. On the day before the operation it could not be reduced; there was no vomiting, but some pain and nausea. When seen by Mr. Butlin there was a tumour the size of a cocoa-nut in the left inguinal region, which gave no impulse on coughing, but was slightly resonant. In operating it was found necessary to open the sac, when the tumour was found to occupy it. The tumour, which was smooth and of a very dark colour, almost black in the centre, from hæmorrhage into its substance, was attached by a thin membranous pedicle inside the abdomen; it was tied and separated without difficulty. Its connexions in the abdomen could not be discovered. Microscopically the tumour was composed of fatty tissue, but with more nuclei than usual. Mr. Butlin thought he was justified in operating at once in this case.—Mr. WAGSTAFFE inquired whether the sac was really continuous with the peritoneal cavity, and whether it was not a low form of connective-tissue growth developing into true fatty tissue.—Mr. BUTLIN replied that he was able to feel along the pedicle into the abdomen for some distance, but could not feel the attachment. He at first believed it to be a diseased ovary, but there was no trace of ovarian structure; and he thought it now probably omental. —Mr. MORRIS thought it would decide the point whether it was an appendix epiploica if the intestine could be felt on feeling along the pedicle.—Mr. BUTLIN had not been able to distinguish the contents of the abdomen.

The meeting then adjourned.

CLINICAL SOCIETY OF LONDON.

AT the meeting of this Society on the 12th inst. the chair was occupied by Sir William Jenner, who delivered an inaugural address (which will be found in another column). The attendance of members was unusually large, this probably being due to the fact that the newly elected President was about to take the chair for the first time. The papers read were also of unusual interest.

A vote of thanks to the President for his address was moved by Dr. GREENHOW, who, in the course of his remarks, said that the Society had been fortunate in always having its chair filled by men in the very first rank of the profession; and although he had at times felt that it might be unwise to call upon their presidents to deliver inaugural addresses, yet he might say that from the day that Sir Thomas Watson took the chair at the first meeting of the Society to the present occasion every address had been of the highest value, marked as each was by the originality and character of its author.—The motion was seconded by Mr. BARWELL, and carried by acclamation.

Dr. POORE then read notes of a Case of Paralysis of the

Serratus Magnus Muscle, the patient being afterwards exhibited. The patient, a man forty-three years of age, strained his right arm while unloading a timber waggon in May, 1874. The same evening he felt pain and numbness in the thumb and forefinger, which prevented him following his occupation, and compelled him to seek relief at various hospitals without success. He was first seen by Dr. Poore on July 24th, when there was no sign of paralysis, but only considerable pain down the arm and hand, especially on exertion. Jarring movements increased the pain, so that he dreaded travelling on railways. There was distinct tenderness over the brachial plexus, and over the median nerve at the bend of the elbow, and pain and numbness were complained of in the right thumb and forefinger, while marked redness existed at the back of the hand and wrist. As regards muscular irritability, both faradaism and voltaism were negative in their results; but the cutaneous sensibility at the back of the hand was increased to the current. The patient stated that he had at first experienced pain up the right side of the neck and over the right scapula, but this had disappeared. At that time he could not raise his arm above his head without pain; in fact, all movements of the right arm were painful and difficult. His previous treatment consisted chiefly in the application of liniments, without benefit, a hypodermic injection of morphia on one occasion alone giving relief. Dr. Poore tried the effect of the constant galvanic current, together with exercise of the painful muscles, and with marked success; the first application afforded him temporary relief, and after the fifth time he ceased attending, believing himself to be well, all pain having disappeared, and only redness of the hand with numbness of the forefinger and thumb persisting; but there was then no sign of palsy of the serratus. Three weeks later he returned, because the pain had recurred on the outer side of the arm and round the shoulder-blade. On examination he was then found to be suffering from paralysis of the serratus magnus. Dr. Poore, who was leaving town, transferred the patient to the care of Dr. Gowers, and did not see him again until the end of October. His condition has remained almost unchanged up to the present time. When the arms are at rest there is hardly any obvious deformity; close inspection, however, showing that the lower angle of the right scapula is a trifle nearer the middle line than that of the left. Marked deformity is produced when the serratus is brought into play by raising the arms at right angles to and in advance of the trunk; the spinal border of the right scapula forming a projection about two inches high to the right of the vertebral column; the lower angle is stationary, but the upper end of the spinal border approaches the middle line in a slight degree. The digitations of the left serratus are plainly visible, but those of the right cannot be detected. The shape of the thorax is remarkably altered, as shown by tracings obtained by the use of the cyrtometer. There is nearly bilateral symmetry when the arms are at rest, but when the serrati are put into action there is marked bulging of the left side, while the tracing of the right side shows the backward projection of the scapula. When the arms are held forward, and a deep inspiration is taken, the want of expansion of the right side is notable, while the restoration of the sternum from its recession, due to the position of the arms, is effected by the trapezius and sterno-mastoids. The patient has a curious habit of sighing, which may possibly depend on the impairment of the serratus. It is doubtful if the palsied muscle reacts to either form of electricity, but there is, perhaps, slight movement of the spinal border of the scapula on faradisation of the axilla. There seems to have been slight improvement during the last month or six weeks. Dr. Poore commented upon the late appearance of the paralysis after the receipt of the injury; this may have been due to the strain inducing a subacute inflammation of some of the cords of the brachial plexus, probably the median; hence the pain on movement which was so marked a feature at the onset. It is possible that the galvanism which cured the pain may have led to the too early use of the muscles, and that thus the pain was literally converted into paralysis. There can be no doubt that in this case the serratus magnus is the sole muscle affected, and it is completely paralysed; but the phenomena observed here differ in important respects from those attributed to palsy of the serratus by writers on the subject. Thus Duchenne (Electr. Local., 3rd ed., p. 939) says of this affection that when the arms are held in front of the body the scapula of the affected side undergoes a movement of rotation, so that the spinal border of the bone moves away from the vertebral column, and a see-saw movement is induced, in which the lower angle is raised and brought inwards, while the external angle is depressed. In the present case, on the contrary, the upper end of the spinal border is pulled up and in by the action of the levator anguli scapulæ, the trapezius, and rhomboids. Niemeyer's statement, that patients with paralysis of the serratus cannot raise the arm above the shoulder, as this is the chief muscle sharing in that movement, is not borne out by the present case; for although there is obvious paralysis of the serratus, yet he can readily raise his arm above his shoulder. Paralysis of the serratus magnus alone is infinitely rare, although it is not uncommon to find this muscle affected in progressive muscular atrophy associated with other of the scapular or arm muscles.

Dr. SOUTHEY then brought forward a well-marked example of Lepra Anæsthetica. The patient, who was shown to the meeting, is a male, twenty-five years of age, well nourished, and of fairly healthy complexion. His hands are cold and wasted, the fingers semiflexed in the "bird-talon" position, and skin shrivelled. At first the case was thought to be one of locomotor ataxy, with muscular paralysis. There is anæsthesia of the greater part of the hands, the tactile sense is also lost, the skin of the finger-tips appearing smooth and atrophied. In places there are scars of old burns and injuries, which he has received without being aware of it, the only reason why he objects to their infliction being that the sores produced are so long in healing. There is now a sore place, nearly healed, on the sole of the right foot, near the ball of the great toe. This may be the result of injury from his boot, but in situation and character it resembles the true "spedalskhed" plantar ulcer. Such an ulcer arises as a central yellow patch, which, sloughing, leaves an irregular ulcer extending so deeply as to cause necrosis of the bone; its intractability is its peculiar character, lasting generally the patient's life-time, while its cicatrisation or complete drying up is mostly of bad omen, life even being endangered. In this case the ulcer one time was nearly healed, without any effect on the man's general health, but it then broke out again. The patient was born in Southern India, of English parents, and he had lived in that country up to the year 1873. In 1869 he contracted a venereal affection, which was followed by "crops of boils" and "whitlows" on the fingers. Shortly after, he began to experience loss of sensation, first in the limited patch over the right knee, the anæsthesia being preceded by slight itching, but no marked perverted sensibility or hyperæsthesia. Similar anæsthetic patches appeared later over the lobe of the right ear and eyebrows, that on the ear having gone since he left India. The loss of sensation in the hands and feet has occurred gradually, and almost *pari passu*, while the deformities of the hands have taken place during the last year. He has been taking iodide of potassium and mercury, and lately galvanism has been employed, but the progress of the malady has been hardly at all stayed. It is interesting that but two generations of Europeans resident in India have sufficed in this case to render him liable to the affection, his grandfather having been the original settler, and both his parents having been born and lived in India.

The exhibition of these two cases excited considerable interest, but time not allowing any discussion to take place on them, this was, on the motion of Mr. Morrant Baker, adjourned to the next meeting.

THE MEDICAL PROFESSION IN JERSEY.—The *Jersey British Press* of Saturday last contains the memorial of the Medical Society of Jersey, addressed to the Sanitary Committee of the States on the 26th of December. A copy was also presented to the Governor. This memorial shows that the profession urged on the States the immediate passing of a compulsory Vaccination Act, the establishment of a hospital for infectious cases, and of a place for disinfecting bedding, articles of clothing, &c. In other words, the petition shows that the responsibility of the disaster involved in this epidemic does not rest on the members of the medical profession.

Reviews and Notices of Books.

The Building of a Brain. By EDWARD H. CLARKE, M.D. London: Baillière, Tindall, and Cox. Boston: James R. Osgood and Co. 1875.

A FEW months ago it was our pleasure to notice Dr. E. H. Clarke's work on "Sex in Education." It will be remembered that that work attracted considerable attention by the numerous articles founded thereon which were published in the lay papers and periodicals. The present volume in some respects may be regarded as a supplement to the previous one, and in importance and interest it is in no way inferior. In "Sex in Education" Dr. Clarke urged that in all attempts made to improve the social and intellectual status of women their physiological condition should be considered. He condemned in the strongest terms the system of mixed education of boys and girls, or of young men and young women, and adduced a large amount of evidence to show that this system as carried out in America is fraught with special dangers to girls and young women. Owing to the periodical recurrence of their physiological functions women are unfairly weighted against men in prolonged and sustained mental and intellectual efforts. In the present work Dr. Clarke insists with even stronger emphasis on the necessity of paying heed to the physiological peculiarities of women. The book is divided into three parts. In the first part is described nature's working plans; in the second, an error in female building; and in the third there is a glimpse at English brain-building. We regret that space will not permit us to dwell at any length upon all the lessons which are here laid down, and we must, therefore, content ourselves with briefly pointing out some of the more important ones, and refer the reader to the original work for the details.

"The demand of humanity is," says Dr. Clarke, "Give me the best possible brain for men and women both." How to supply this demand is the social problem of the day. Whatever may be the particular method adopted, it is certain that in order to be really successful it must have a physiological basis. The best possible brain is evolved, by means of appropriate brain exercise, including cerebration, out of the underlying organisation; and so far the process is the same in both sexes. But, inasmuch as there are organs or sets of organs in the structure of one sex that are not in the structure of the other sex, the *modus operandi* of the process is different. To attempt to assimilate the education of boys and girls is to ignore this structural differentiation, to render abnormal the performance of the functions of the body, and thus not only to damage the parts so interfered with, but also to disturb the relations that should exist between the brain and the affected organs. For the perfect building of a perfect brain every organ of the body should have its harmonious development and appropriate exercise, and if this development and exercise be from any cause rendered abnormal the brain building, *pro tanto*, is impaired. To ensure the development of the best possible brain there must be perfect brain exercise, conscious and unconscious—the exercise of the brain in supervising the organisation, and the exercise of the brain in cerebration. Hitherto only the conscious brain exercise has been cultivated, while the unconscious has been too commonly neglected, although not less important. The true system of education, therefore, must comprehend and include both kinds of brain exercise. There must be physical and social education as well as mental and moral. But here is the rock on which so many have been wrecked. By overlooking the importance of periodicity as an element in female education, most of the evils of mixed education have arisen. Just as all girls require a periodical remission of variable length from the labour of physical education, so also do they require a remission from the labours of mental and moral education. It is this that constitutes, and must for ever constitute, an insurmountable obstacle to the success of the identical education of boys and girls.

In the second part of his work Dr. Clarke has collected a large mass of evidence respecting the evils of the mixed system of education in America. The State Board of Health of Massachusetts instructed Dr. Winsor to prepare an article on "School Hygiene," which appeared in the Fifth Annual Report, January, 1874. To the question, "Is one sex more liable than the other to suffer in health from attendance on school?" 109 persons out of 160, most of whom were physicians or teachers in schools, replied that females were more liable, while only one stated that males were more liable to suffer than females. In reply to a further query, 120 stated that this liability was increased at the advent of puberty. In confirmation of these facts Dr. Clarke cites the independent opinion of many men of experience and eminence as governors and superintendents of large educational establishments. Most of these gentlemen, moreover, urge that there should be a periodical remission in the educational labour of females. Lastly, Dr. Clarke contrasts the American system with the management of some of the best ladies' schools in England. In this contrast the English system does not suffer.

In conclusion, we may add that we are much pleased with this little work, which is carefully and elegantly written, and full of sound physiology.

The Gold Coast; or, a Cruise in West-African Waters. By MARCUS ALLEN, Surgeon R.N., Licentiate of the Royal College of Physicians, &c. With an Appendix. London, 1874.

SINCE the termination of the Ashantee war, many narratives have appeared giving accounts of the expedition. These have dwelt chiefly on the past history of the Coast, the political aspects of the campaign, and have described the minor actions and the circumstances attending the march of our small force of soldiers, sailors, and native allies to the stronghold of that once most potent of sable monarchs, King Koffee Kalcalli.

In the little book before us the author has rather described the various habits and customs of the tribes he encountered in a cruise along the Gold Coast, only alluding incidentally to the war. He has put "Bowdich's Mission to the Ashantees," and other text-books on the Coast, under contribution, and with his own experience has made a very attractive volume, which will be read with great interest, especially by those who have served in the recent expedition.

On the vexed question of missionary labour, and whether Christianity or civilisation should lead the way in the regeneration of the dark races, he holds very decided opinions, and deservedly awards the palm to the Wesleyans as missionaries; and it may be remarked that it is not only on the West Coast of Africa, but also in other colonies, that the devotion, single-mindedness, and earnest work of the followers of Wesley are to be admired. He owns, however, that Christianity and civilisation ought to go hand-in-hand, and also truly remarks that "Medicine has been the most favoured handmaid of religion, from the days of St. Luke to the days of Livingstone." Theology and medicine ought to be linked together, and if this were done, we might hope that the greatest obstacle to the progress of civilisation and Christianity on the West Coast—namely,

the miserable Fetish superstition with its licentious and horrid rites—would be removed. We learn, as is the case usually in races low in the scale of humanity, that the weaker vessels suffer most: the women are overtaxed, and become prematurely old; they are also debarred in a great measure from the advantages of education. Thus, in a school at Elmina, where seventy-nine boys were assembled, there were only twenty-five girls, the latter being generally required, even at this early age, for household duties.

The Fantees are praised for their hospitality, but we think that their virtues begin and pretty well end here. The Kroomen, who do such good service on board our men-of-war and vessels trading to the coast, are described as hospitable, lively, and impulsive, but the most prominent trait in their character is filial affection. There is a saying on the Kroo coast that if a man saw his mother and wife in equal deadly peril he would rather extricate the former, the plea being that the latter could be replaced.

The uses of the cocoanut palm are described with all the enthusiasm of a botanist, and there is an interesting note about the Calabar bean.

It would, perhaps, have been more advisable to have omitted the case mentioned in page 136, or not have given details which are more fitting for a medical paper than for a book intended, we presume, for general reading.

Notes of Demonstrations on Physiological Chemistry. By S. W. MOORE, Joint Demonstrator of Practical Physiology at St. George's Hospital Medical School, F.C.S., &c. Smith, Elder, and Co., 15, Waterloo-place, London. 1874.—Our first impression on going through the pages of this book was, that it was open to the objection of being an instance of an attempted "royal road to learning"; and that the student would be content to substitute these notes for more thorough acquirements. But further consideration, and a reference to the writer's object as stated in the preface, have removed that impression. This little work fulfils its intention, that of supplying to the average medical student hints as to which are the most important points in practical work which he can be expected to acquire. With the number and variety of subjects embraced in a medical curriculum it is, as the author says, impossible for a class of men with only three hours a week at disposal for practical work, to go through lengthy and uninteresting processes. These notes presuppose a fair amount of previous knowledge of general chemistry on the part of those who use them, and the aid of a demonstrator, and we entertain no doubt of their being very useful, under the circumstances, and within the limits intended by their author.

A Manual of Botany, Anatomical and Physiological, for the Use of Students. By ROBERT BROWN, M.A., Ph.D., F.L.S., F.R.C.S., &c. Edinburgh and London: William Blackwood and Sons. 1874.—We owe the author of this work many apologies for the delay that has occurred in noticing it. This delay, which has been unavoidable, has not, however, been without its advantages; for the manual is so full of information that a considerable amount of care and attention is required to estimate its merits. We do not think that anyone who has been at the pains to examine it carefully can have failed to appreciate these, or need have any hesitation in expressing a very high opinion of the way in which the author has fulfilled his very laborious task; for the production of a work of this character must undoubtedly have been a laborious undertaking. The learning which it displays is very great, the arrangement of a large amount of material, drawn from so many and the latest sources of information, is judicious, and altogether the manual is an uncommonly good one. We should not omit to mention that the illustrations also are very well done.

Analytical Records.

NEW FOOD FOR INFANTS, CHILDREN, AND INVALIDS.

NUMEROUS as are the foods for infants and invalids which have been brought out of late years, there is yet room for a really good food. Many of those hitherto vaunted and recommended are now, thanks to the evidence given before the late Parliamentary Committee on the Adulteration of Food, known to be destitute of nitrogenous and other nourishing principles. Two of the best types of foods, complete and perfect in themselves, are milk and bread; and any food designed for the sustenance and growth of infants should approximate in their composition to these types. We have tried and subjected to analysis samples of a new food manufactured by Messrs. Goodall, Backhouse, and Co., of Leeds, in accordance with the directions furnished them by Dr. Arthur Hill Hassall, whose knowledge and experience concerning all dietetic questions are well known. We find the preparation under notice to contain all the necessary constituents of a perfect food, comprising as it does the requisite nitrogenous, oleaginous, saccharine, farinaceous, and mineral elements, and in their due proportions. When prepared in the manner described, it will be found highly agreeable and nourishing, and, as it contains much diastase (being already partially cooked), it is easily digestible. On the whole, it will be found one of the best foods that has yet been devised.

WALKER'S DIGESTIVE BISCUITS.

THE improvements that are constantly being introduced into the composition and manufacture of the various fancy breads and biscuits show that there must be a great demand for an article which shall combine the requisites of elegance and palatability with nutritiveness. Mr. John Walker, biscuit manufacturer to the Queen, Bishop-street, Glasgow, appears to have satisfied a public want in this direction. He has submitted to our inspection several samples of biscuits, chiefly of the wheatmeal variety, with which we are greatly pleased. They are well made, and are very palatable. The biscuits have been analysed by a London chemist, and the results of his examination now before us show that they are all pure and rich in flesh-forming nitrogenous elements.

AROUD'S FERRUGINOUS WINE AND SYRUP, AND WINE WITH CHINCHONA.

M. AROUD'S preparations have not long been before the English public, although well known in France. They are powerful tonics and stomachics, and will probably become favourite remedies with weakly and debilitated people. The medicinal virtues of iron and chinchona are universally known and acknowledged; and when these agents are presented to the invalid in a fairly palatable form, as manufactured by Aroud, they are worthy of a trial. The preparations may be had of Rigollot, Henrietta-street, Covent-garden.

MACKAY'S OMPHALIC MUSTARD PLASTERS.

THESE plasters or leaflets consist of mustard spots or discs, attached to sheets of a light transparent material four and a half inches long by three and a half broad. For certain minor affections in which the ordinary mustard poultice is commonly used these leaflets will be found an efficacious and elegant application. Before being used they should be dipped in water for a few minutes and then applied with a bandage. They are very convenient and portable.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 20, 1875.

MR. SCLATER-BOOTH has obtained leave to bring in a Bill to repeal the Adulteration of Food Acts and to make better provision for the sale of food and drugs in a purer state. Why he should propose to repeal the present Acts and to replace them by another we do not understand. We are of opinion that the Acts in question—although they have been only in force in certain cities and districts, and even in these have been carried out in a very inefficient manner—have proved highly beneficial. That these Acts are imperfect has never been denied; but they are susceptible of improvement, and we should have thought the best plan would have been to amend and not to repeal them. The proposal to do so has an ugly appearance.

If Mr. SCLATER-BOOTH's new Bill is drawn up in accordance with the recommendations of the Select Committee recently appointed to inquire into the operation of the Adulteration of Food Act of 1872, and if that Bill become law, great injury will be inflicted, and much of the good which has resulted from the exposures of adulteration which have been made of late years will be lost to the public. It will, in fact, be a thoroughly retrograde step.

The Committee in question was in its constitution a very partial one, and the inquiry which it conducted was equally partial and one-sided. On it were several manufacturers of articles of food, and trade interests were represented to a large extent. It was, indeed, appointed at the instance of traders, and it considered the question from their point of view, and the interests of the public were very inadequately represented and expressed.

It was made a great grievance that tea-dealers and grocers should be prosecuted for the sale of artificially faced or coloured green tea, the facing being practised in China and not by themselves; and no doubt there was a certain amount of hardship in this proceeding, but not nearly so much as represented. Tea-dealers and grocers know well enough that most of the green teas which they sell are thus coated or faced, while the Chinaman very frequently thus prepares them to the order of the British importer, and if the tea-merchants and grocers would set their faces against the practice of thus colouring tea it would doubtless very soon cease. The parties primarily and really responsible are, then, the tea-merchants and the grocers, and it was rather cool of them to turn round and endeavour to throw all the blame upon the poor Chinaman, who, in this matter, is quite as honest as themselves.

It was endeavoured to show that the colouring of tea was harmless, and did not exert any injurious effect upon the consumer; but assuming, which we do merely for the sake of argument, that this view of the matter is correct, it cannot be denied that the colouration fulfils no useful purpose whatever, that the lower the quality of the tea the more highly it is faced, and that the practice serves to render possible and to conceal other adulterations, as those with foreign leaves, sand, dirt, lie-tea, &c.

But some members of the Committee, by their questions, not only aimed at the justification of the colouration of green tea, but would excuse the presence in tea of a certain percentage of extraneous and foreign mineral matters. Now, for the presence of these earthy substances not the smallest necessity exists, and their occurrence is due, when in any quantity, invariably to intentional admixture; and even when contained in the tea in the proportion of one or two percentages only, their presence is the result of culpable carelessness, from which the consumer has a right to claim protection. The same remark applies to the case of pepper, in which also mineral substances are sometimes present, not from any necessity whatever, but from gross carelessness in the drying of the berries.

We have admitted that, to a certain extent, it is hard that tea-dealers and grocers should be prosecuted for the adulterations of tea practised by the Chinese, but surely it is still harder that the whole of the public should be made to consume adulterated tea; and we believe that, if the suggestion which has been so frequently made, of examining tea in bond, were carried out, the adulteration of that article would speedily cease, and no hardship whatever be inflicted, at all events upon the honest dealer.

Any measure therefore which deals effectively with the subject of the adulteration of food should prohibit the painting of tea, and the presence in it of extraneous mineral matter; but we very much fear that the Bill of Mr. SCLATER-BOOTH will accomplish neither, but will rather be a licence for manufacturers to do pretty much what they like.

Another matter which was treated as a great grievance before the Committee was, that there should be any restriction on the sale of mixed articles, either as respects the proportions of the ingredients, or the names under which they are sold. We affirm that it is improper and unfair to sell a mixture of wheat-flour, turmeric, and mustard, under the name of mustard only, even if somewhere on the label there be an acknowledgment that the article, though called and sold as mustard, is really a mixture. The same remark applies equally to the case of coffee and cocoa. Now if the proposed Bill of Mr. SCLATER-BOOTH does not meet such cases as these, it will fall short of that which the public have a right to require.

We are of opinion, then, that Mr. SCLATER-BOOTH's Bill, to be satisfactory and effective, must provide for the suppression of the artificial coating of green tea and its admixture with mineral matters, and that it must deal in a spirit of fairness to the public with the manufacture and sale of mixed articles. Further, we would strongly recommend that the Bill should define what constitutes adulteration, and we believe that this object cannot be effected by any one definition, but is only to be satisfactorily accomplished by a series of definitions, applicable to each principal article, defining exactly in the case of each what constitutes adulteration—such a series of definitions, in fact, as has been drawn up with great care by Dr. HASSALL, and which was submitted by him to the Committee when he gave his evidence. The Society of Public Analysts have lately devoted a good deal of attention to the subject of the defini-

tion of adulteration, but we regret to find that much divergence of opinion exists even amongst them as to what should constitute adulteration. Their definitions appear to us to be of such a nature as to admit of not only the colouration of tea, but also its admixture, as well as that of pepper with a certain amount of earthy matter. This result of their deliberations is greatly to be regretted, as it tends to give countenance to adulteration, and ties the hands of those who have clearer and more decided views on the subject.

Of this we are quite sure, that the public will never consent to be made by Act of Parliament to continue to consume adulterated and impure articles of food and drink, and that any legislation which does not deal with this important question in an effective manner will never be accepted as final, and will but serve to perpetuate the agitation which has now been going on for so many years, to the dissatisfaction and alarm of the public, and to the injury of trade.

We understand that the second reading of Mr. SCLATER-BOOTH's Bill is appointed for Friday, the 19th inst. (this day). We shall then be in possession of its provisions, which we shall not fail to carefully and fully examine.

Mr. SCLATER-BOOTH, as the President of the Local Government Board, is the chief official sanitary Minister of the country, and it will indeed be much to be regretted that one in such a position should be a party to legislation on such an important question as that of adulteration in the interests of traders rather than of the public.

WE believe that we considered the new Warrant for the Naval Medical Service impartially and judicially last week, and we declared that it appeared to us to be a comprehensive scheme, based upon a fair and liberal spirit of concession to the claims of medical officers. Its publication was too late to have had any effect in increasing the number of candidates for the present competitive examination, and it is very unlikely that sufficient time has elapsed for its character and provisions to have been sufficiently appreciated in the medical schools. Of course we have had communications from disappointed members of the service. We contend, however, that a measure of this kind is not to be gauged by its fulfilment of the wishes of this or that section or individual, but by its bearing on the entire Medical Department and in relation to other branches of the service. The communications we have received from various sources, interested and disinterested, prove to us that our estimate was a correct one. For the information of the profession generally, and more especially for the guidance of those who may be contemplating embarking on the career of a naval medical officer, we may call attention to the following *précis*, which embodies the advantages conferred by the Warrant.

The first clause in the Warrant gives surgeons, on entering the service, the same rank as lieutenants under eight years' seniority, with the uniform and relative advantages of that rank. Previous to this Warrant they could only attain this rank after six years' service.

The second clause abolishes what was felt to be an objectionable title—"staff surgeons second class." The term "fleet surgeons" is perhaps as appropriate a title as could be chosen to designate the senior list of surgeons.

The third clause—viz., the compulsory retirement of inspectors—renders a reasonably fair flow of promotion possible. They will now receive the retirement of £730 a year.

The fourth clause was rendered necessary on much the same grounds as the third—viz., to expedite the flow of promotion. Deputy inspectors-general now retire—the first six on the list on £602 a year, the remainder on £547 10*s*. The highest half-pay they could have reached previously was £492 15*s*. It appears to us, moreover, that this practically amounts to giving the larger sum to all on the list, for the juniors are pretty certain to rise to become seniors.

The fifth clause removes what was looked upon as a grievous distinction made between medical and other officers. Fleet surgeons may now hope to reach a retirement of £450 per annum; previously the maximum was £400.

The sixth clause provides for optional retirement of a limited number of medical officers annually after twenty years' service, and, again, after twenty five years; at the former period with 15*s*. a day, at the latter with £1 1*s*. Thus a fleet surgeon with twenty-five years' service, and, say, from forty-eight to fifty years of age, can retire optionally on £383 5*s*. per annum; formerly he would, if compelled to retire by sickness or other disability, receive less, for there was no optional retirement until the age of fifty-five was reached.

The seventh clause concedes the privilege of so retiring to all officers hereafter entering the service.

Taken as a whole, then, we consider these provisions fair and satisfactory, and in some instances liberal. There are a few points on which we should be glad, however, of further or more precise information than we at present possess. For example, will the grades of relative rank carry all the advantages attaching thereto?—such as choice of cabins and servants, prize money, honours, and leave on full pay. The possibility of officers being able to obtain the maximum rates of retirement in consequence of time wasted on half-pay is another point requiring consideration. The age, if any, at which "fleet" and "staff" surgeons must retire is not very clear; nor does it appear after how many years' service a fleet surgeon can obtain £450 a year on retirement. The calculation of service, according to naval regulations, is a very puzzling and complicated procedure to an outsider. Will table-money, again, be allowed for administrative officers? We hold, too, that good-service pensions should not, as a rule, be bestowed upon the upper ranks who have already had their share of the good things of the service, but upon the deserving men of the lower ranks who have not enjoyed them.

After what we have already said, we are not likely to be accused of a spirit of captious criticism in desiring to be definitely and officially assured as to points in respect of which we now entertain some doubts. We have not hitherto failed to express a strong opinion regarding the treatment of naval medical officers. While we are bound to protect the interests of the profession to our utmost, we are equally bound not to approach every question in the spirit of an advocate holding a brief for one side only. It would be inconsistent with our duty as journalists not to recognise

what the authorities have done for the benefit of the naval medical service by commending that service in its new garb to the honest and impartial consideration of the medical schools and universities of this country.

THE proposition of Mr. SCLATER-BOOTH, in the Bill for the Consolidation and Amendment of the Public Health Laws now before Parliament, that power should be given to the Local Government Board, by provisional orders, to group together districts in the same county for the joint appointments of medical officers of health, is a confession of the failure of the administrative policy of that Board with reference to this office. The Board now asks from Parliament power to rectify compulsorily, according to its lights, those anomalies in the appointments of medical officers of health under the Public Health Act of 1872 for which it has itself been mainly responsible, and which have discredited the appointment throughout the kingdom, and made it in the greater number of instances a mere sham. Hardly have the echoes of the words died away in which the first President of the Board, Mr. STANSFELD, vindicated these anomalies, and justified them as consequences of a far-seeing policy of development of local health government in which the Local Government Board was engaged, when the second President of the Board comes to Parliament asking for power to put his heel effectually upon the exercise of local government in this matter!

Before any such power is given, we trust Parliament will cause some inquiry to be made into the circumstances under which it is asked for, and as to the formation and working of those combined districts which the power is intended to promote. Of all the anomalies which characterise the appointments of medical officers of health, the appointments to the combined districts are most anomalous, and for them the Local Government Board is wholly responsible. In no one of these combined appointments has the district been formed with reference to the duties which the medical officer of health has to perform, and in hardly any of these districts is the appointed officer able to perform the duties required from him by the regulations of the Local Government Board. Whatever the officer and his duties in these districts may be, he is not a medical officer of health either according to the regulations which are presumed to define his duties, or according to any practically known application of the term, or according to the meaning attached to it by the Royal Sanitary Commission, or the presumable intentions of the Legislature. He is an officer created solely by the Local Government Board, for what particular purposes or uses remains to be ascertained, and whose name is an inexcusable misnomer. The combination for which he is appointed exists simply for purposes of payment, not for purposes of efficiency; and this parcelling out of the officers among the different combining authorities makes efficiency impossible. In the greater number of cases the officer can only see the different authorities entering into his combination at long intervals, and in some instances he can hardly see them at all unless specially sent for. He stands outside and apart from them, as it were, a well-paid official, whose duties and utility are of the vaguest possible description, who has been thrust upon them by the Legislature, and who is distrusted in proportion as his functions are not comprehended and are undefined. The authorities chiefly know their officer as a source of constant complaints that he has not this, that, or the other information necessary to the performance of his duties as written in the regulations of the Local Government Board; and in the few cases where authorities have bestirred themselves to get this information they have only succeeded after repeated collisions with the Local Government Board, which appears to have an inexhaustible capacity of stultifying its own regulations. Witness, for example, the questions of payment of registrars for returns of deaths, and the provision of returns of pauper sickness. Briefly, these appointments were made, under the advice of the Local Government Board, in a state of the law which never contemplated such appointments, and which, until amended, interposed an insuperable bar to their efficiency. The anomaly of the appointment, necessarily arising from the state of the law, was, moreover, exaggerated by the appointments being made without any definite reference to the particular duties for which the appointments were created. The Local Government Board now asks Parliament to enable it to multiply by its own action appointments of this class, no provision being made for other amendments of the law which would be necessary to give to the appointment proper efficiency, and no indication being given that the combination of authorities for the appointment shall be made with due regard to the performance of the duties attached to it.

We trust that before Parliament assents to the proposition of Mr. SCLATER-BOOTH that the Local Government Board should have compulsory power of combining districts for the election of a medical officer of health, the subject of the existing appointments to combined districts, and generally of the appointment of medical officers of health and inspectors of nuisances under the Public Health Act of 1872, will be referred to a Select Committee. A multiplication of appointments similar to those which now exist cannot be too strongly deprecated. They discredit the office in the eyes of sanitary authorities; they discredit the sanitary administration of the Government; they discredit medicine; and they are wholly unnecessary. It is simply requisite to import some knowledge of the subject into the arrangements for these appointments in order to obviate further administrative blundering; but it will require the interference of Parliament to induce the Local Government Board to accept so commonplace a solution of its difficulties in the matter. If, however, Parliament should think proper to permit the Board to follow its own devices, it will not be an unmixed evil, as such permission would tend to precipitate that future, which can hardly now fail to be foreseen, when the sanitary administration of the kingdom shall be dissevered from its Poor-law administration.

WHATEVER may have been the disappointment felt by the enforced delay of the address of the newly elected President of the Clinical Society, those who had the pleasure of hearing Sir W. JENNER's eloquent and suggestive address at the meeting on the 12th inst., which we publish to-day, must have felt that it was well worth waiting for. The Clinical

Society has been singularly fortunate in its choice of presidents—perhaps because it has been more free in its selection than some of the older Societies; and there is no question that in the present case it has been equally wise in its choice, for, whatever may be Sir W. JENNER'S claims as a pathologist, his chief successes have been achieved in the domain of clinical medicine.

To turn to the address itself, it cannot fail to produce a good effect on the work of the Society, and we trust that some of the suggestions made in it will be carried out. It is well that at times a review of the state of our knowledge should be made—not from the point of view of those who would "rest and be thankful" for the work already done, but of those who are engaged in an as yet uncompleted work, and who require some guidance as to the problems yet to be solved in that most complicated of all sciences, the study and cure of disease.

It is not to be wondered at that the President should have chosen as the chief theme of his discourse a subject to which, of all others, the attention of the public and the profession has of late years been directed—the origin of epidemic and infectious diseases, and the conditions influencing their spread. We would especially commend Sir W. JENNER'S remarks on the subject of the origin of typhoid fever *de novo* to those interested in the decision of a question which has been discussed too much in the light of a party question. His suggestions, and the facts which he brought to bear upon the point, will, at any rate, serve to show that there is something to be said on the side of those who support the view of independent origin. And we believe that his remarks on the treatment of acute specific diseases will find an echo in the experience of those who have much to do with such cases; and it is well that those whose experience and position enable them to do so with effect should lift up their voice against the popular delusion, which influences too greatly professional opinion, that there is any one infallible specific for these diseases, whether in the form of a drug or external application.

Finally, we must notice the valuable suggestions with regard to the study of the therapeutics of certain diseases—such as rheumatism and whooping-cough,—the apparently contradictory views on which, held by equally able observers, constitute one of the *opprobria medicinæ*. It is true that individual experience is often a safer guide as to treatment than any results obtained by the numerical method; but the great defect of the latter is that it has been applied too indiscriminately to cases of the same disease, without sufficient care in their selection and classification, the necessity for which was so well pointed out by Sir WILLIAM JENNER.

It has been to some extent a reproach of the Medical Societies that they are too exclusively limited to the so-called higher branches of the profession, and that too few general practitioners participate in the work done by them; and the President of the Clinical Society did well to point out that there are certain observations which can only be undertaken by those in extensive general practice, and if the sole result of his observations should be to elicit some of that valuable experience, and to direct the work of the Society to a more systematic study of disease, it will not have been delivered in vain.

Annotations.

"*Ne quid nimis.*"

THE DWELLINGS OF THE POOR.

AT the second reading on Monday last, the Home Secretary's Bill for the Improvement of Artisans' Dwellings met with a most cordial reception from both sides of the House. There can be little doubt that the Bill will become law, and without undergoing any great alteration of form. Several criticisms were made on the Bill, and that which seemed to be most generally allowed was to the effect that the measure was not sufficiently wide in its scope. We must repeat what we have already pointed out, that it is much to be regretted that the Bill should take cognisance only of big towns—that is, towns of 25,000 inhabitants and upwards; while in rural districts landlords are still allowed to build houses, if they choose, in defiance of all the rules of hygiene. In the present state of the law it is possible that, in the case of rapidly increasing towns, all the buildings might be so badly built that when the number of inhabitants reached 25,000 the urban sanitary authority might be obliged to step in and order the destruction of the whole place. Surely it would be no difficult thing to supervise the selling and letting of houses and control the trade to a slight extent by a licence which should not be granted unless some few simple details in the matter of cubic space and drainage were complied with. Mr. Stansfeld suggested, and the same remark was made by others, that in awarding compensation some reduction should be made in the cases of houses which were in a state of illegal unrepair—a reduction, that is, which should have been sufficient to effect the repairs which were necessary. Such a suggestion is perfectly just, and if it were rigidly acted upon it would result in the acquisition of many houses for very small sums indeed. The repairs needed in many cases could hardly be at all short of complete reconstruction. Our Commissioners in their reports on this subject last year gave instances of houses, and many of them, where the floors were so rotten and old that the washing of them could not be effected without deluging the inhabitants of the room below. The roofs and walls were frequently not weatherproof, and one case was alluded to in which the first flight of stairs, having been removed, had not been replaced owing to a quarrel between the builder and landlord. This house, however, was swarming with people, including many children, who literally climbed to the upper storeys at the risk of their lives.

The question of cost was much debated, and "Will it pay?" was asked more than once. There are, of course, two ways of looking at this point. If the supporters of sanitary schemes expect to get a never-failing and substantial money dividend on all their work, they will not unfrequently be doomed to disappointment. We confess we are sanguine in the matter, and we believe that—in London, at all events—a fair return can be secured for the outlay. The dividend, however, will more frequently come in the shape of money's worth than in hard cash. The money value of health is enormous, and we advise vestries and other sanitary authorities who are contemplating schemes of this kind to take the trouble to calculate the expense to the ratepayers of epidemics of disease. Some speakers seemed to misapprehend the aim of the Bill, and to entertain erroneous notions as to the class which it is intended to benefit. The class which we hope this Bill will reach is the thrifty, honest, hard-working class of labourers and artisans, who, both as citizens and in their domestic relations, are worthy of support. It is this class which is so abominably housed, and who have to pay enormously dearly for the wretchedest

and most insanitary hovels, because they wish to live near their work, in districts like that of Soho. There is no other accommodation to be got. Families not unfrequently pay four and five shillings a week for about fifteen hundred cubic feet of space, remote from water and equally removed from drainage. Surely the experience already gained by the Peabody trustees and the various building societies would warrant us in supposing that for the same price much better accommodation could be provided at a profit. The fact pointed out by Sir Sydney Waterlow, that it is possible to place sixteen hundred people under conditions conducive to health on the same area that previously held only two or three hundred in conditions conducive to disease, makes it tolerably certain that, in London at least, these improvements should be self-supporting. Lord R. Montague's remarks as to the unhealthiness of big houses arose from want of knowledge, and is in direct contradiction to fact.

"LIFE AT HIGH PRESSURE."

THE dangers and disadvantages which accompany the high pressure at which life is now worked, which have been often dwelt upon in these columns, found an able exponent last Friday night, at the Royal Institution, in Mr. W. R. Greg. Taking its *speed* as the great characteristic of the life of this latter part of the nineteenth century, he asked whether the apparent extension of life is a real addition, whether the loss in quality is not disproportionate to the gain in quantity? The shorter Atlantic transit among the icebergs, the swifter express speed of strained mechanism, illustrate the character of our daily life and work. And another condition which merits attention, as having much to do with this aspect of society, arises from the wide diffusion among the many of some, but not of all, those things which were once in the possession of a few. Wealth, social position, and fame, have been placed within the reach of a much larger portion of the population than they were before accessible to. But they are only to be obtained at the expense of strenuous, unremitting energy—of work at high pressure. Inherited wealth remains restricted within comparatively narrow limits, and those things of which it could pay part of the purchase-money, which are now brought within the reach of many, are to be obtained by them only at the price of life at almost destructive tension. Existence becomes like a dream, in which consciousness remains but self-consciousness may vanish, and with it so much of all that renders life really precious to the individual.

To the thoughtful the moral consequences of this tension and hurry are very saddening; to the physician their physical results are a matter of profound concern, for their grave evils come under his daily observation. No evolution of force can take place with undue rapidity without damage to the machine in which the transformation is effected. Express railway shock has a much shorter term of use than that reserved for slower traffic. The law is universal that intensity and duration of action are inversely proportional. It is therefore no matter of surprise to find that the human nervous system is no exception to the law. The higher salubrity of rural over urban life is not entirely a matter of fresh air and exercise. Rural life involves leisure and pauses in work which are very essential to the maintenance of the nervous system in a state of due nutrition. Unremitting spasm soon ceases altogether. The high tension of life produces weakness at the very places where strength is most needed. The damage done to the health of the most valuable part of the community, the best-trained thinkers, most useful workers, is incalculable. Work and worry, though not proportional, are closely connected, and an excess of the former soon entails an increase in the latter beyond the limits which the nervous system can bear with impunity, especially under the conditions under which work has to be done. The machinery for organising the work of a community has to be rigid and inflexible, and in the strain involved in bringing a changing organism into harmony with a machine, the former must inevitably suffer. The influence of railway travelling, part of the organising machinery of the work of a community, illustrates this; as was indeed first and most emphatically pointed out in these columns.

To no profession do the remarks of Mr. Greg apply more closely than to our own, and we turn with a personal as well as with a professional interest to his suggested remedies. Alas! he, as others, sees no cure but in the slow education of public sentiment to wiser standards of life and living, the sacrifice of all needless extravagance, the studied increase of rest, and wise recreation, by those who now make their pleasure only change of work; the regeneration first of all of the mode of living, of the tastes and style of the opulent leaders of society, and the transmission of their influence through the lower ranks. Into the details on which he dwells, thoughtful and sagacious as they are, we cannot follow him, but we would earnestly commend to the members of our profession one wise suggestion, which has a personal bearing: that those who work overhard need not work overlong—they might yield the vacant place to younger and needier aspirants. It is the concentration of work which is so damaging, and its wider diffusion would lead to a gain in health and happiness to all.

VIVISECTION AND SPORT.

IT is seldom that a controversy has been conducted in a more partisan, exaggerated, and insincere spirit than this one. To begin with, the Society for the Prevention of Cruelty to Animals was scarcely the body to initiate a movement of this kind. The mere fact that it had done so sufficiently indicated that it was a foregone conclusion with them that great cruelties were practised under the name of science which required to be at once prohibited by law. Then the attempt to procure a criminal conviction, the overcoloured and sensational statements in which the Society indulged, and the hypocrisy manifested by many who had no hesitation about assailing the horrible practices of physiologists while they themselves were, with transparently selfish ends, guilty of the same or worse practices under the name of sport, naturally caused a good deal of indignant criticism. We are quite opposed to the tone as well as the course that has been adopted by those who have raised this outcry; but, for all that, we consider it a perfectly legitimate subject of inquiry to determine whether the limits of necessary and unnecessary vivisection can be defined, only we want to see it set about in a calm and thoughtful spirit by a commission, which need not be exclusively composed of physiologists, but which should, at any rate, be composed of persons who know what they are about. It is scarcely logical to urge, as some people do, that because sports involving needless suffering to animals are practised, therefore vivisection is perfectly justifiable. This only proves that the individual who indulges in a cruel sport is the last man entitled to throw a stone at the other. But two wrongs do not make one right. A sportsman might take up some such line as this:—That some of the lower animals are exposed to dangers and deaths of certain kinds and in certain ways; that if they were not slain their numbers would increase enormously, and that when slain they afford food to man. In so far as sports are but an artificial imitation, as it were, of natural methods they are justifiable. Animals hunt, hurt, and eat one another, and a good deal of physical suffering is entailed thereby: then

why should not men do the same? It is undeniable that some of these sports are cruel—a few of them very cruel,—and in the aggregate the suffering is far more than is involved in the experiments undertaken by the physiologist on animals for a higher object than the animal pleasure of the sportsman. The one certainly, as a rule, hunts or shoots game, or destroys vermin, and the animals have a chance of escape, however small; while the other secures the object of his experiment, which is often some tame or domesticated animal, against escaping, and does his work slowly and deliberately. That some experiments on animals, undertaken conscientiously, with a definite object in view, are perfectly justifiable, seems to us and most people undeniable; but we venture to doubt whether they are when systematically undertaken for the purposes of demonstration, or with an indefinite object in view. The whole matter turns on a question of responsibility, as to whether we are justified in inflicting physical suffering, and, if so, to what extent, with the object, however remote, of advancing knowledge. Surely, it would be better to see whether these questions could not be determined after being quietly and calmly discussed by a commission, than to have them tossed about by prejudiced and passionate people after the present fashion.

THE PORT OF LONDON.

DR. HARRY LEACH'S third half-yearly report on sanitary work in the Port of London has just been issued. It is as full of interest as the previous reports. Especially it shows the considerable development which the sanitary work of the port is undergoing, as the port sanitary authority becomes more fully acquainted with the requirements of its district. For example, while in the first half-year of the authority entering upon its duties the number of vessels inspected was 1999, and in the second half-year 4364, in the half-year to which the present report refers the number was no less than 9482. This shows an amount of detailed sanitary work which reflects the highest credit upon the officers of the authority, and proves the thoroughness of the administration which Dr. Leach is carrying into effect. For sanitary purposes the port, which extends from Teddington Lock to the mouth of the Thames, is divided into three districts. The first extends from Teddington Lock to London-bridge, the second from London-bridge to Woolwich Arsenal Pier, the third from Woolwich Arsenal Pier to a line drawn across the mouth of the Thames from the Naze to the North Foreland. The first of these districts has as yet been brought under sanitary supervision only in that portion which lies below Battersea-bridge.

The subjects of chief interest in the report relate to the provision of hospital accommodation, the arrangements for the inspection of shipping at Gravesend, and the regulation of infected bodies of emigrants. As to hospital accommodation Dr. Leach suggests that, at Gravesend, the present hospital-ship there, the *Rhin*, be kept for emergency purposes, and be used only when an epidemic exists and accommodation is suddenly required for large numbers; and that a small floating hospital, constructed on the same principles as those described in his first report, or a small plot of ground on shore, be procured for cholera purposes. As to the port within the metropolitan area, below London-bridge, he recommends the establishment of a small floating hospital between London-bridge and Woolwich, similar to that required at Gravesend; or the acquisition of a piece of ground close to the river in the Foreign Cattle Market at Deptford, when the Bill relating to the Metropolitan Market and the Foreign Cattle Market at Deptford is brought before the House of Commons. We entirely agree with these suggestions, but we are disposed to think that, both for Gravesend and for the higher portion of the river, instead of the floating hospital and the plot of ground being presented as alternative plans, the one should be held rather as the complement of the other. With regard to inspection of ships at Gravesend, when cholera threatens, Dr. Leach recommends the establishment of a boarding station by the port sanitary authority at Gravesend, and that a medical inspector should be constantly on duty there, and two or more at certain times of the tide. He would have, in fact, the port sanitary authority itself perform the important duty of inspection, and not as hitherto depend upon the imperfect questioning of the Customs. We may anticipate that the wealthiest corporation in the world will not let the present anomalous and insufficient arrangements in this respect at Gravesend remain one moment longer than may be rendered necessary by the circumstances, whatever these may be, which have prevented hitherto proper action being taken.

With respect to emigrants, Dr. Leach tells the story in detail of the emigrants infected with small-pox brought into the port by the *Abbotsford*. A large number of these emigrants, apparently healthy, were at once sent away to Liverpool. After reaching that town small-pox appeared among these people, and it became incumbent upon the local Poor-law authority to make provision for dealing with the whole body, sick and well. Liverpool has used hard words of London for knowingly shunting into it this mass of infected persons. If Liverpool could do as it did without too nicely considering the law, why not London? The cases are scarcely parallel. The port sanitary authority in London was helpless in the matter, and such facility of action as is possible to the Liverpool Poor-law authority is hardly possible to a London Poor-law authority. Obviously, however, it is to the last degree undesirable that infected bodies of emigrants should thus be passed on from one port to another, and such legislation and other action as may be necessary to prevent a recurrence of a similar event should be taken. The subject may well occupy Dr. Leach's attention, and we shall look for a full discussion of it from him.

ARMY MEDICAL OFFICERS.

THE difficulty in the way of satisfactorily adjusting the grievances of army medical officers, without infringing on the rights and privileges of combatant officers, has caused our contemporary, the *Standard*, to lose its head, and to indulge in an attack on medical officers which must have appeared to them unjust and undeserved. Our contemporary seizes on some remarks we made last week as a peg on which to hang some of its own, and it seems to us to have, after all, missed the point. We contrasted the popularity of the Royal Academy, Woolwich, and the very severe competition which the candidates for admission into that institution had to undergo, with the unpopularity of, and comparative absence of competition for, the Medical Services, more especially that of the British army; for we declared that the India Medical Service obtained the best class of men, and that the Naval Medical Service might, under its new Warrant, expect to get more than its due share of them. We did not ignore the fact that the army possesses advantages in several respects that private practice does not. We gave as a reason for its unpopularity that medical officers had lost faith in the Government—that, as they alleged, all that concerned their service was so changeable and uncertain that they were always struggling to maintain or improve their position. And there is surely sufficient in all that has taken place since the publication of the Royal Warrant of 1858, when the service was popular, to illustrate the correctness of these statements. If the competitive examinations for the service fail to attract the number of

"the more efficient and best-trained young men of the profession" that it should, it is still undeniable that it does select the best of those that appear, to the exclusion of the ignorant and undesirable. We may fairly claim to be better judges of the character, habits, and professional ability of the medical officers than non-professional persons, and we can realise the feeling aroused at the hostile and very unfair spirit which the article in question betrayed. There are not only a few, but a great many, of the "brilliant exceptions" present in the Medical Service, and our contemporary's picture has been drawn from the observation of a small minority, and not the majority, of army medical officers. But even were the indictment that has been drawn up against them true, it seems to us that a journal which has advocated the regimental system as the best basis for the organisation of the Medical Service should be the last to cast a stone at a system that is in a great measure productive of the evils which it condemns! The *Standard* is a Conservative organ, and its party is now in power. Let it aid, then, in obtaining a comprehensive scheme founded on the same principles of fairness and justice to the Medical Service that are extended to other services—neither more nor less; let medical officers know what they are to expect, and let them get it; and we shall be ready to do all in our power to popularise the service and make the competitive examinations for admission into it real and worthy of a large and important department. While we would advocate the application of selection for promotion, and while we recognise the importance of holding out rewards for distinguished service in the field or otherwise, we think that the first should be an occasional, and certainly not the exclusive, method; and we are doubtful as to the justice or expediency of rewarding acts of bravery or devotion by promoting officers of a scientific corps over the heads, it may be, of their professional superiors, who may not have had the opportunity of displaying these qualities or of getting them recorded in despatches when they do. One thing we have always strenuously advocated—namely, that more rewards should be held out than exist at present for professional merits, for it should not be forgotten that medical officers are doctors first of all.

THE HUNTERIAN ORATION.

ON Saturday last the Hunterian Oration was delivered at the Royal College of Surgeons by the President, Mr. Le Gros Clark. It is difficult to say anything particularly novel in the forty-seventh oration in support of the claims of the illustrious John Hunter, the acknowledged father of comparative anatomy and modern surgery; but what Mr. Clark did say he said well. Wherever anatomy is studied and surgery practised the name of Hunter is respected and revered, and the tribute that Mr. Clark paid to the memory of the great founder of the museum was a just and able one. But when Mr. Clark came to speak of the position of the College in relation to the Conjoint Scheme and to the great question of the medical education of this country he was not quite so happy or satisfactory. The present time was, he said, a critical one in the history of the College, which was about to enter upon a new phase of its career. Through good report and evil report it had advanced to eminence and usefulness commensurate with its prosperity, but it was now about to surrender its independent agency, and to co-operate and join with other examining bodies; and who could forecast its future history when its independence was gone? While acknowledging the beneficial changes that had been wrought within the last few years in the character of our teaching generally, the orator made some severe remarks on the present system of education. The dissections specially prepared for the College examinations were copied to facilitate their recognition; selected museum specimens were studied that they might be identified; written questions were stored for the instruction of future candidates as if this were the *Ultima Thule* of their aspirations or responsibilities. The result was a quickened memory perhaps, but an otherwise undisciplined intellect. To all this we say Amen! But we differ from Mr. Clark in the explanation of the unenviable state of things. The teaching at the medical schools is often bad, but it is a tolerably accurate reflection of the system of examination of the College. Students, it is true, do copy dissections and study preparations in order to identify them. They do more than this. They waste a large amount of time in learning the answers they shall give to particular questions of particular examiners, whatever be the opinion of the majority of surgical authorities. The necessity of this special "coaching" has been induced by the mode in which examinations are conducted at the College. Happily, there are some signs of a favourable change, but until the election of the examiners is conducted on sound and liberal principles the previous medical training of the candidates for the College diploma will continue to be faulty. It is not, for instance, found necessary that candidates at the University of London shall undergo a special preparation for their examination by studying all the peculiarities of the examiners; and why should the College candidates, in addition to learning what is useful, be compelled to remember for a time what at best is the opinion, and that a wrong one perhaps, of only one man?

THE VENTILATION OF SHIPS.

UNSAVOURY rumours as to various ships in Her Majesty's fleets have lately been going the round of the "service" journals, and it is reported by the *Army and Navy Gazette*, that both the *Albatross* and the *Daring* have been sent home on account of offensive odours, proceeding, as is presumed, from the bilges. Little seems to be known, and less to be cared for, as to the ventilation of ships. Scores and hundreds of persons constantly afloat are not aware of the fact that, if the bilges are foul, the gases resulting therefrom have in most men-of-war, and in nearly all passenger ships, a ready and convenient exit upwards between the linings of the ships into the cabins, through what is called the ornamental open work. Two or three gallant captains, speaking at the United Service Institution some six months ago, described these odours in very lively and emphatic terms. A glaring instance of this arrangement occurred on board the hospital-ship *Victor Emanuel* sent out to the West Coast of Africa last year. So-called ventilators were arranged aft in the officers' quarters, communicating with the screw well. But the authorities did not discover that there was also a communication with the bilge, and when the ship had been for some time at sea the smells emanating from these ventilators were such that the openings were, by common consent, closed forthwith. Many analogous instances might be recorded, but all these facts go to prove that, as regards the Navy, Dr. Denis Macdonald and his colleagues should be utilised practically in the Construction and Maintenance Department, and, as regards the mercantile marine, port medical officers of health should be competent, when called upon, to give advice as to the way how to make and keep ships healthy, just as sanitary officers ashore are presumed to know all about healthy houses. We dare to say that, if the skin-spaces and bilges of our wooden vessels were carefully inspected, a very large percentage thereof would be found foul in the extreme, and in many cases filled, aye, choked with all kinds and varieties of filth. We cannot affect to suppose that Mr. Plimsoll, or Mr.

Gourley, or even the Board of Trade, ever think of foul bilges as influencing the safety of ships; but, as we have always contended that no ship is seaworthy with an unseaworthy crew, so we would record that a foul ship afloat is like an unhealthy lodging-house ashore, and as such contains a considerable item of danger. As, however, port sanitary authorities were constituted not only to act during cholera epidemics, but to carry out certain clauses relative to vessels contained in the Sanitary Act of 1866, we conceive it to be one of the duties of all port medical officers and sanitary inspectors to acquaint themselves thoroughly with the interior parts of both wooden and iron vessels, from keelson to spar deck. They should know, in fact, the geography of the innermost parts of a ship, from stem to stern, for it is as important to ventilate the bottom and hold as the 'tween decks of a vessel—a fact which has been, and is indeed up to the present time, almost entirely overlooked. The Corporation of London, as the sanitary authority of the port of London, appears, and very naturally, to have taken the lead in sanitary matters afloat; and, as the experience of their officers must by this time be considerable, it would be well if the authorities at Guildhall gave the outports the results of their inquiries with respect to this very important subject. The above remarks apply with tenfold intensity to schoolships. A clause exists in Sir Charles Adderley's Merchant Shipping Bill enabling the Board to give grants to these ships out of the Mercantile Marine Fund under certain conditions. We take it that good ventilation and perfect cleanliness as to the nethermost parts of the ship should be one of these conditions. It may be difficult to keep the interiors of vessels clean that are continually in motion, but it is trebly difficult to accomplish it satisfactorily when the vessel is stationary for months and years together.

PROPOSED GRANT TO KING'S COLLEGE.

A DEPUTATION of the Council and the professors of King's College had an interview with the Duke of Richmond and Lord Sandon at the Privy Council Office last Friday, to solicit a grant from the fund for educational purposes, and for which they have been recommended by the Royal Commission on Scientific Instruction and the Advance of Science. The Bishop of London, chairman of the Council of King's College, in introducing the subject, said they sought aid in the shape of a grant and also in the form of an annual payment. The College had always been embarrassed by its poverty and inability to pay its debts. The annual income amounted to about £35,000, of which about £24,000 came from fees paid by students; the expenditure for teaching ranged from £25,000 to £30,000 a year, thus leaving a very small margin for the maintenance of buildings and payment of salaries. The most expensive part of the working expenses was the scientific department. They wished to increase the incomes of the professors, to lower the fees which they now charged students to the level of similar institutions, and also to found scholarships for the encouragement of active students. The Rev. Principal Barry, D.D., said they had great difficulty in filling up professorships of pure science; the students of King's College came largely from the sons of professional men, and owing to the smallness of the fees many were precluded from accepting professorships. The Duke of Richmond, in reply, said that the importance of the case was shown by the statement of the Bishop of London and the recommendation of the Royal Commission. The Chancellor of the Exchequer now had the application under consideration; in the meantime it was impossible to say what would be the ultimate determination of Government.

The question at issue is one of very great importance to King's College, as well as to the other metropolitan institutions similarly interested. We believe considerable advantage would accrue to the public generally if these institutions were freed from the burden of debt which now oppresses them. With respect to the salaries of the professors, it is only just that men who devote themselves to teaching should not only be exempt from fluctuation in their incomes, but should enjoy any additional profit their teaching might bring their school. We are not in favour of attracting students to any institution by means of scholarships; the system, we believe, is altogether a false one, and induces the student to select special rather than general subjects for study. Where the teaching is good, and the relations between the governing body and the students are cordial, no difficulty will be found in filling the class-rooms. We are at variance with the Bishop of London and Dr. Barry on one point—viz., the alleged difficulty of finding eminent men willing to undertake professorships, owing to the smallness of the salary. In the first twenty years of the history of the College no such difficulty was complained of—certainly not in the medical department,—although at that time the College was equally embarrassed and equally poor. Had it not been for the fatal policy instituted fifteen years ago, King's College would now have had a staff second to no other metropolitan school. The great difficulty King's College as a medical school has had to contend with is, not poverty, but mismanagement. It is the smallness of the existing classes, and not attenuated salaries, that really deters men now from coming forward to seek the vacant professorial chairs.

SCHOOL HYGIENE.

EDUCATION is perhaps the most agitated question of the day; but among the many voices raised in its discussion, the least audible is the physician's. And yet he, of all men, has a right to be heard. "Just as the twig is bent, the tree's inclined," and the development, moral and intellectual, of the pupil of either sex is greatly determined by the physical conditions under which he or she is brought up. As usual, it is from Germany that the most thorough and original innovations are suggested—suggested, too, with a force that ought really to rouse the heads of families to the urgency of the evils that call for redress. Dr. W. Kuby has published a treatise on the hygiene of schools, which may possibly attract fewer readers than one on cremation or on spiritualism, but which discusses with earnestness and judgment a topic of equal importance with the former, and of infinitely greater moment than the latter. First, as to the school building itself. How often is it not of monastic or even penal design, suggesting what indeed too often exists—the most unsympathetic relations between pupil and master? Why should not the scene of early instruction be as cheerful and attractive as home itself? The nearer the material surroundings of pupil and master to those of the family circle, the better for both; it will wean the latter from his pedantry, and the former from his listlessness. Ventilation, again, should be so provided for as to admit of the prosecution of brain work with a normal supply of oxygen—many schoolrooms, in point of air, taking after the "forcing-houses" they resemble in other respects, and combining the heat of an oven with the fetor of a menagerie. Dr. Kuby recommends the introduction of leafy plants and shrubs at suitable intervals into every schoolroom, and attests the utility of the arrangement from experience. The shape, mode of ventilation, and internal appointments of all such rooms are suggestively illustrated by a series of drawings in Dr. Kuby's treatise. The detail of benches has not escaped the doctor's attention, and some notion of the interest the subject has evoked

in Germany may be formed from the fact, that at the Vienna Exhibition there were displayed no fewer than forty-seven different models of these—the Paris Exhibition displaying three. Dr. Kuby recommends a modification of the Rungesche school-bench—for an illustration of which we must refer the reader to his work. The posture the pupil habitually assumes, whether at the desk or in full class, during school hours, is a matter of grave importance. No surgeon or physician needs instruction on this point; but Paterfamilias does, and he must not be allowed to turn the question aside with an appeal to "my young days." In this, however, as in all matters relating to public health, we shall have to wait, we fear, till physiology has become a part of popular education, and till a properly instructed national opinion shall insist on healthy schools as pertinaciously as it discusses the "twenty-fifth clause."

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.

WE intimated lately the existence of a considerable difference of opinion in this College in regard to certain changes asked for in a petition of a majority of Fellows. One of these was the proposal to confer on the Fellows the power to create an order to be styled Members, to be elected in such manner and subject to such regulations as the College might direct, including *the payment of admission fees*. Some Licentiates are opposed to this. They object, not indeed to be made Members, but to pay anything for the elevation of rank. We cannot see that there would be any harm in the College affixing some test to such an honour which would involve a payment. But the College seems to have given way; for, at a meeting on the 12th inst., it was unanimously resolved,—"That if the charter be granted, giving the College the power of instituting an order of Members, it is the opinion of the College that any Licentiate admitted before the granting of the charter, who may desire it, may be transferred to the order of Members without additional expense." A cheap way of acquiring membership of a College of Physicians will not promote the reputation of the College.

THE BIRMINGHAM MEDICAL INSTITUTE.

THE harmonious co-operation of the members of the committee appointed to superintend and promote the advancement of the Birmingham Medical Institute has received a serious, but, we trust, only a temporary check. At page 287 it will be seen that a meeting, under the presidency of Dr. Bell Fletcher, was held on the 4th inst., to consider the desirability of forming a medical corporation, and raising funds for building an institute to contain a complete reference library for Birmingham and the neighbourhood. After a resolution approving of the undertaking, and pledging the meeting to use every effort to ensure its success, had been carried, it was then resolved that the subscription should be one guinea per annum. On the motion of Mr. Gamgee, twenty-two gentlemen were added to those named in the articles of association to form a committee to elect the first list of members. But on the first list of donations published on the 8th instant were found the names of three homœopathic practitioners. This naturally created considerable surprise, which was heightened when it was known that the committee had decided to accept these gentlemen as members of the institute. It is a matter of the deepest regret that the committee should have so imprudently taken upon themselves the responsibility of disturbing the relations that have hitherto existed, by mutual consent, between ordinary practitioners and the professors of homœopathy. To alter the relations of homœopathic practitioners to the regular members of the profession as settled by the examinational bodies of the United Kingdom and by the medical societies, is not in the power of any one committee either in Birmingham or elsewhere. It is a question that must be decided by the voice of the profession. We trust therefore that a firm and determined stand will be made against the election of homœopaths to the Medical Institute. We have again and again expressed our strong conviction that those who profess homœopathy have, *ipso facto*, forfeited their claims to be regarded as practitioners of legitimate medicine. The bearings of the case are not one whit improved by the constant apologies of the homœopaths that they no longer insist on the belief in infinitesimal doses as an essential article of their creed, and that they do not in their practice always exactly conform to the principles laid down by Hahnemann, but that they employ the methods that have been by experience proved to be good, and eschew those which have been shown to be evil. Such prevarications increase rather than diminish our dislike of the system. While the homœopaths, in their journals, endeavour to gain the credit of practising rational medicine, they in their practice pretend that they adopt a system which is not only different from that employed by ordinary medical practitioners, but which is the only true one. The itinerant "doctor" does no more.

THE SAFETY OF SHIPS AND THE SEAWORTHINESS OF SEAMEN.

WE confess to have read Sir Charles Adderley's Merchant Shipping Bill introduced into the House of Commons on the 8th instant with a feeling of disappointment. Although one of the main themes discoursed on by the Marine Secretary of the Board of Trade in his progress through the outports last year related to the sanitary condition of sailors, this subject, as affecting the safety of ships at sea, is not so much as hinted at in any clause of this Bill. *The Times* speaks of "the attempt of the Bill to secure by these stringent provisions the seaworthiness of seamen." The provisions referred to comprise penal clauses as to drunkenness, sleeping when on watch, negligence on the look-out, mutiny, desertion, &c. But it is ridiculous to suppose that a man with a suppurating bubo, a diseased heart, tuberculous lungs, or ulcerated legs, can be particularly vigilant in fog and a snowstorm, or fail to sleep whenever he has an opportunity. It was ascertained and reported some time ago that at least 10 per cent. of all the sailors who ship are physically unfit for duty, and Mr. Gray told the outport authorities that the application of the Contagious Diseases Acts to our shipping towns was an evidently necessary measure. Having regard to the extensive and very positive knowledge possessed by the Board of Trade on these points, we take it that what *The Times* calls "the attempt" of the Bill to secure the seaworthiness of seamen is a very mild one, if, indeed, it at all merits the name. The comparative immunity from danger on this head enjoyed by good-class ships is owing to the fact that there is on board, as to sailors, as well as spars, ropes, and other gear, a small margin, so that the loss of the services of one or two sick eamen in a large company is not much felt. But in coasters and other dubiously seaworthy ships, where no such margin exists, the loss of one or two pairs of hands may and does mean in many cases the loss of the ship herself. It is satisfactory to know that, on the second reading of the Bill, Mr. C. M. Norwood, member for Hull, will call special attention to the subject; and that both Sir Heron Maxwell and Mr. Fleming (the eminent shipowner), in speeches made several evenings ago at the Society of Arts, remarked upon the necessity that existed for a system of inspection of seamen in order to aid in securing the safety of ships at sea.

ENTERIC FEVER AT LEWES.

WE have received a copy of Dr. Thorne's report to the Local Government Board on the recent epidemic of enteric fever at Lewes. Our readers have had a full account of the particulars of the history and progress of the outbreak in the report of our Sanitary Commissioner and in our abstract of Dr. Thorne's address to the Sanitary Authority at the conclusion of his investigation. We return to the subject now simply with the view of enforcing the important lesson this outbreak has taught us, and urging the employment of remedial measures in all cases where similar conditions are known to exist. Our experience with respect to the manner in which water may become polluted after it is in the mains is only of recent date, and Dr. Buchanan and Dr. Thorne, in their reports on Caius College and Lewes, have demonstrated how it may occur. At Lewes Dr. Thorne found several waterclosets having their water-supply laid direct from the mains into the closet pans, without the intervention of cisterns. In many of these closets it was the custom to leave the tap permanently turned on. It is obvious that when the water was turned off at the reservoirs the contents of the mains could flow away; this would occur whenever two openings existed at different levels in the water mains. From the lower of the openings water would flow, and through the upper one air or other matter might be sucked into the mains. The disease once introduced into the town, it is easy to see that if a case occurred in one of the houses where this arrangement existed there was every probability of some of the specifically infected excreta being sucked up into the main, and thus cause fresh extension of the fever in the town. The remedy is obvious, and is to be obtained by the adoption of a constant water-supply and the employment of service cisterns. Another mode in which water may be polluted in the mains is where a defect occurs in a main situate near or in a sewer, or passing through soil on which excretory matters have been thrown. At Lewes Dr. Thorne found a hole in one of the mains passing through a sewer, and it is evident that with an intermittent water-supply sewer air, if not actual fæcal matter, might have been sucked up. At Over Darwen Dr. Stevens found a leakage in the water main passing through a field over which the contents of a farmhouse privy had been thrown. Every outbreak seems to reveal fresh sources of danger, and new routes by which the infection may be carried to us; and Dr. Thorne deserves the best thanks of the public for the patient and able manner in which he has conducted this inquiry and for his lucid report.

EMIGRATION AND IMMIGRATION.

SEVERAL facts that have lately transpired go to show that those philanthropically interested in relieving this country by promoting emigration should make themselves acquainted with the sanitary as well as the commercial aspects of the country selected. Experiences gleaned by several bodies of emigrants lately induced to go to Brazil have been so unhappy in every way that the Government has issued an official circular, warning the public in very marked terms against yielding to a second edition of inducements held out to colonists. An official statement recently published shows that 78,146 persons immigrated from the United States and Canada to England in 1874, representing a total increase of 40,146 as compared with the previous year. It would appear, indeed, from the last emigration statistics, published by the Board of Trade, that the tide of emigration from the United Kingdom was just now setting very decidedly from the United States and in the direction of our colonies, particularly New Zealand. A short sketch of the climatic peculiarities and advantages of Australia, New Zealand, and Canada would be useful for intending emigrants, and Fiji might now be included.

SICK SAILORS.

WE are glad to call the attention of our readers and of the charitable public to a clever sketch in the *Graphic* of last week, called "A Festive Dinner at the Seamen's Hospital, Greenwich." The little history relating to the old *Dreadnought*, appended to the sketch, should induce the wealthy and charitable to aid the diminished funds of this national institution. For although, as was remarked in *The Times* of Monday last, the claims of merchant seamen to participate in the benefits of Greenwich Hospital have been recognised by giving their sick house-room in a wing of the building, no money grant is given. The wing occupied must be kept in repair at the expense of the Seamen's Hospital Society, so that, as a matter of fact, the financial liabilities of the committee are now much heavier than when their establishment was located in a floating hospital.

AT a meeting of the governors of the London Fever Hospital a few days ago, the Earl of Devon was re-elected president. From the statement made by Dr. Broadbent on the occasion it would appear that there is still a serious amount of fever in the metropolis, which taxes to the utmost the capacity of the institution in so far as it affords shelter and treatment to patients able to pay wholly or in part for their accommodation. During the past year 384 cases were admitted, nearly all of whom came in the latter months of the year, and a large number of these were received without payment. We regret to learn that there is a falling off in subscriptions and donations to the hospital, which, it should be pointed out to the charitable and wealthy, does not derive material benefit from the Hospital Sunday Fund. We hope that such a serviceable institution as the London Fever Hospital will not be permitted to languish for want of funds.

DR. STRANGE, medical officer of health for Worcester, in a report to the urban sanitary authority, cautions builders, landlords, and others against the use of cheap absorbent wall papers, the dangers connected with which he points out. They are a receptacle for all sorts of impurities, and frequently retain the germs of infectious disease for a long time. Plain whitewash should be used in preference to such papers. Dr. Strange's remarks on this subject are susceptible of wide application. We should add that the vital statistics of Worcester testify in a strong manner to the benefit which the city has derived from recent sanitary improvements and ameliorations.

AT an adjourned meeting of the Quarterly Court of the Radcliffe Infirmary, Oxford, held on the 16th inst., the following motion was proposed by Dr. Rolleston, seconded by Edward Chapman, Esq., and carried *nem. con.*:—That the Government be memorialised to the effect that it is expedient, in the interests of the efficient management of hospitals and infirmaries, to make it within the competence of half the Managing Committee of any such institution to avail themselves of the services and advice of the sanitary inspectors appointed to act for the Local Government Board when they judge it to be necessary to do so.

THE mortality in London last week amounted to 1726 deaths, including 1 from small-pox, 11 from measles, 46 from scarlet fever, 8 from diphtheria, 62 from whooping-cough, 25 from different forms of fever, 15 from diarrhœa, and 510 due to diseases of the respiratory organs and phthisis.

ANOTHER Waterloo veteran has just passed away, in the person of Dr. F. B. White, at the green age of eighty-three years. Dr. White was in 1813 appointed assistant-surgeon to the 73rd Regiment, and soon after took part in the siege of Bergen-op-Zoon. In 1815 he was with the British army in Belgium, and was present at the battles of Quatre Bras and Waterloo. Four years afterwards, being placed on half-pay, he commenced private practice, which he did not relinquish until very recent years. In 1827 the appointment of surgeon to the then Duke of Clarence was offered to him, but he declined the honour. Dr. White was a Fellow of the Royal College of Physicians.

A MEETING of medical officers of health and others interested in sanitary reform was held in Manchester last week for the purpose of forming an association in the district similar to the Metropolitan Society of Officers of Health. Dr. Trench (Liverpool) was elected president of the Association, which will be open to medical men holding public health appointments in Lancashire, Cheshire, Derbyshire, and the West Riding of Yorkshire. We wish the new Association every possible success.

IT is gratifying to notice from time to time announcements in the newspapers of gifts of toys to the children's wards of the various hospitals. The happiness and real good derived from presents of this description by the little sufferers who are surrounded by the saddening evidences of sickness and misfortune may be easily imagined. No easier acts of charity can be performed by ladies and heads of families than the remittance of disused toys to the London hospitals.

AT a meeting of the Royal Botanic Society held last week, Mr. Bentley stated that the specimens of the Eucalyptus globulus planted in the Society's garden had suffered much from the late severe weather, and probably would not survive. With the exception of a few rare instances, notably those lately described by us, it does not appear that the cultivation of the medicinal gum tree in the open air in this country promises to be successful.

IN consequence of the trial of the partial provident system at the St. Marylebone General Dispensary during the past six months proving a success, it was decided at a general meeting of the governors on the 10th inst. to make this principle permanent.

AT a meeting recently held in Mansfield Woodhouse for the purpose of promoting a scheme to enlarge the district hospitals, Dr. Waring Curran, a practitioner in the town, headed the list of subscribers with the munificent donation of £100.

IN the House of Commons last week Sir M. H. Beach, in reply to Mr. Errington, said he hoped to be able to introduce a Bill this session for the establishment of a Pharmaceutical Society in Ireland.

WE are glad to announce that Dr. Hardwicke has resigned the post of medical officer of health for Paddington. Clearly the Coroner for Central Middlesex should not hold the two appointments.

WE understand that Surgeon-General T. Moorhead, M.D., has been appointed principal medical officer at Hong-Kong, *vice* Deputy Surgeon-General Crocker, who will be attached to a home station.

DR. GERVIS has been appointed Obstetric Physician to, and Lecturer upon Midwifery at, St. Thomas's Hospital, in succession to Dr. Barnes.

THE presentation of a portrait to Mr. Hancock, of the Charing-cross Hospital, took place on Wednesday in the board-room of the institution, in the presence of a large number of friends and students. In the absence of Lord Overstone, Mr. H. A. Bosanquet presided on the occasion.

Correspondence.

"Audi alteram partem."

CROUP AND DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—As the editor and translator of the Memoirs of Bretonneau, Guersant, Trousseau, Bouchut, Empis, and Daviot on the subject of diphtheria, which appeared in a collected form in the publications of the New Sydenham Society in the year 1858, and which was the first complete history of the disease published in the English language, I think I may be pardoned for venturing to give my opinion upon some matters very recently discussed in your columns. When I state, further, that, independently of the work just referred to, I have made a great number of special investigations and inquiries on the same subject, and have published the results of those inquiries at medical societies and in medical journals and in separate published works, I think I may be allowed to express my gratification at finding that the views I have long entertained and expressed, and which at first were met with opposition and ridicule, have at last (as I always believed they would be) been adopted by some of the most eminent members of the medical profession in Great Britain. In the last edition of Sir Thomas Watson's valuable Lectures, the very same views are expressed as to the nature of diphtheria as those which I have long maintained and published, and it is gratifying to find that Sir William Jenner has also candidly admitted the truth and justice of the same views which he and Sir Thomas Watson in the first instance certainly opposed.

For the present, in order to vindicate for myself the merit of having very early understood the real nature of diphtheria, I beg to refer you to the tenth volume of the Transactions of the Pathological Society of London, for the year 1859, when the first specimens described under the name of diphtheria at that Society were exhibited by myself, and their history explained. I write purposely *described under the name of diphtheria*, because all the former specimens had been described under the name of *croup*.

Now let me refer you to the sixteenth volume of the same Transactions, for 1865, page 62:—"Dr. Semple remarked, in reference to this case [another case of my own, in which the specimen was shown and the history and dissection given] and to others which he had on previous occasions presented to the Society, that the conviction was gaining strength in his mind that diphtheria of the trachea was essentially the same as croup, the latter disease being, in fact, a variety of the former, as was long ago supposed by foreign writers."

Having worked and reflected still more on the same topic, and having witnessed and dissected more cases, and presented more specimens to the medical societies, and having investigated the foreign and ancient literature of the subject, as well as the modern and the British, my conviction was strengthened as to my having found the right clue to the comprehension of a problem avowedly difficult, the difficulty, however, chiefly consisting in the confused way in which most authors had treated it. I accordingly wrote a series of papers, which I read at the Medical Society of London, and which I afterwards published, and two of which I send to you with the present communication. The whole question of diphtheria and its relation to croup is therein discussed, and the conclusions drawn are precisely those which are now adopted by many eminent authorities and by yourself in your leading article of January 30th.

In the paper entitled "Diphtheria and the Diseases allied to it, or which may be mistaken for it," the following, among other conclusions deduced from the facts and reasonings,

will be found at p. 22 (this paper was written and read in 1870, and published in 1871):—"Laryngeal and tracheal diphtheria are the same affections as that usually described as croup.....The word croup, as having no meaning, and as comprising at present such widely different diseases as tracheal and laryngeal diphtheria, laryngitis stridulosa, and laryngismus stridulus, ought to be abolished in medical nomenclature, and the three terms just mentioned should be substituted." In the other paper, entitled "Croup and Diphtheria," written in 1871, the following will be found at p. 16:—"Croup is a barbarous Scotch word, with no etymological meaning whatever, but it was used by Francis Home to designate a disease the features of which he distinctly described. That disease was undoubtedly the same as the cynanche trachealis of Cullen, the tracheal diphthérite of Bretonneau, and the tracheal diphtheria of the present day. Therefore the croup of Home, the cynanche trachealis of Cullen, the tracheal diphthérite of Bretonneau, and the tracheal diphtheria of the present day, are one and the same disease. If croup is tracheal diphtheria, then croup is a form of diphtheria. If the populace employ the word croup in a loose way to designate any form of suffocative cough attended with stridulous inspiration, the circumstance is of no pathological importance, any more than the habit of applying the term asthma to all kinds of difficulty of breathing, whether caused by disease of the heart or lungs, or whether it be organic, inflammatory, or spasmodic. The inflammatory disease of the larynx and windpipe, which is often popularly called croup, but is not attended by the formation of a false membrane, and is therefore not the croup of Home and Cullen and Bretonneau, is not a form of diphtheria; its proper name is Laryngitis stridulosa."

I ask whether these sentences are not almost the exact counterpart of those published at the end of your leading article of January 30th?

The present letter was written before I had seen the communication of Dr. George Johnson, published in THE LANCET of the present week, and in the views expressed by that gentleman I entirely agree.

I remain, yours truly,

R. H. SEMPLE, M.D.

Torrington-square, London, Feb. 4th, 1875.

BIRMINGHAM MEDICAL INSTITUTE.

To the Editor of THE LANCET.

SIR,—You have had before you the scheme of the Birmingham Medical Institute, and in an annotation in your issue of the 13th inst. you refer to its inauguration as an event calculated to reflect honour on the profession, on the town, and on the district of which Birmingham claims, not only to be the natural, but the intellectual centre. It is to be regretted that so great an opportunity should have presented itself to those whose names are responsible for its earliest existence, and should have found them unmindful of the sentiments of the order to which they belong, and to which they must look for approval and support. I submit to your consideration the following statement.

A week or two since the scheme was circulated, and donations to the building fund were solicited. The profession responded with more than liberality, and amongst the contributors were some generous laymen. Some days before the meeting on the 4th, to which were summoned the profession of the town and district, it leaked out that a donation from a professed homœopath had been accepted, presumably with the approbation of the executive, and any doubt on this subject was speedily dispelled by the offering in question being read out at the meeting with the rest, and by the presence of the benefactor himself and one of his *confrères*.

I attended as one of the profession summoned to give support; and for the first time I found myself helping to found a scientific medical institution in association with those who, as I have read and learnt, deny our science. After a few formal resolutions had been submitted, and the question of electing the first list of members having arisen, I intimated to the chairman my wish also to propose a resolution at a proper time, which I was bound to state would not be found amongst the arrangements. The effect of the resolution I desired to move was—"That until the constitution of the institute should be more fully determined, donations from professed homœopaths should not be received." The opportunity I desired, which was not afforded by the chair, appeared to me at the moment satisfied by the appointment of a committee consisting of twenty-one names, in addition to thirteen trustees, myself amongst the number, who were to meet and elect the first list of members as soon as convenient. I make no further comment on this beyond noting the fact that the gentleman who nominated the committee was prepared with a resolution to elect as members all those then present, and to express my sense of disappointment in not having proposed my resolution rather than trust to the action of a committee whose members, in the large majority, were well known to entertain views not unfavourable to the admission of those professing homœopathy.

On the 12th the committee were called together to elect the first list of members. Twenty-four assembled. Up to the very last I hoped that a body—comparatively so small in its representation of the profession—would pause ere it ventured to decide on the admission of the homœopaths, would at least await an interval until a meeting of members, and intending members, on a larger basis could be called to determine on the propriety of a question so important. In this view I earnestly entreated delay, and offered a resolution to that effect. It was, however, to no purpose. The same gentleman who nominated the committee proposed the resolution—"That it be recommended that all those legally qualified members of the medical profession who have contributed to the Birmingham Medical Institute to this date be, and are hereby elected, members." I had therefore no alternative but to propose, as an amendment, the following resolution:—"That the names of (——, ——, ——, ——,) being professed homœopaths, be excepted from the list of members to be elected this day." The amendment was negatived by sixteen votes to six. The original resolution was then carried—the six, including the chairman, yet voting against it.

Thus was inaugurated the first list of members of the Birmingham Medical Institute, thirty-four in number, inclusive of four professed homœopaths.

Of the arguments advanced in support of this high-handed proceeding, briefly they were three:—(1) Policy; (2) the great approach the homœopaths were making to ourselves—in fact, it was said globules were gone and the sect dying out; (3) that no one would deny a library to any person.

Sir, I dismiss the first with the contempt it deserves. If the profession cannot support an institution of this kind themselves, they will not maintain it with the casual aid of those who follow only the pretenders of science. The sooner an institution is rid of such friends the better, whilst the true lovers of our art—those who know well of the poor rewards of the medical profession—will rally to supply their places.

The second, were it not melancholy in its degradation, is absurd. If it be true, why is not the name given up, and acknowledgment made, "We are once more true to the teachings of our education"? Not very likely in the face of a large homœopathic hospital just rising in the centre of the town.

The third. The simplest bye-law would admit any well-conducted person to all the privileges of the library, and it would certainly be a satisfaction to offer them in the case in question. But, as you are well aware, this institution is not a mere library, but a centre for the scientific meetings of the profession of the Midland district.

In placing before the editor of THE LANCET the foregoing narrative, I am submitting the case of the Birmingham Institute to the entire medical world. I accuse the promoters of the Institute of endeavouring to thrust into association with the medical profession individuals whose "candour" in obtaining their degrees, whilst it endangers their claims to social, absolutely destroys the possibility of their admission to any professional, intercourse. I deeply regret that an undertaking so happy in its origin, and so auspicious on the way, should, as it grew into life, have had its future marred by these transactions.

As I told the committee I should act on the rejection of my amendment, I now act, in seeking that greater voice on

this question from your readers and from all those who honour the medical calling as it has been handed down to us by the imperishable names and teaching of the past.

I remain, Sir, yours, &c.,

Birmingham, Feb. 15th, 1875. OLIVER PEMBERTON.

BIRMINGHAM.

(From our own Correspondent.)

A LARGE and influential meeting of members of the medical profession took place on the 4th inst., under the presidency of Dr. Bell Fletcher, at the Midland Institute, to promote the formation of a Medical Institute for this town. In his opening address, Dr. Fletcher urged upon the profession the importance of the proposed scheme, which involved (1) the formation and maintenance of a library of medicine and the allied sciences; (2) the advancement of professional knowledge by the establishment of laboratories and museums and by the delivery of lectures; (3) the relief of poor and necessitous members of the profession; and (4) the acquisition of buildings suitable for the purposes of the association, with power to grant their use for any scientific, literary, or legal society. Towards the achievement of this extensive programme, the Secretary, Mr. G. H. Evans, reported that, in addition to the sum of £1000 now vested in the hands of the Evans Library trustees, they could, by forming themselves into an association under the Companies Act, 1862, become the possessors of £5000, part of a sum left by the Rev. Charles Ingleby, son of an eminent medical practitioner in Birmingham, for the endowment of various institutions of the town. He explained that no part of that sum could be legally applied to the purchase of land and buildings, and that money for that purpose would have to be provided from other sources. He thought that £8000 would be required for the purchase or erection of a suitable building, and towards that sum about £2000 had already been promised. A resolution to the effect that the meeting approved of the Birmingham Medical Institute, as likely to prove of the greatest value and importance both to the profession and the public, and pledged itself to use every effort to promote its success, was then carried, and also another fixing the subscription of members at one guinea per annum. Mr. Gamgee then moved that the thirteen gentlemen named in the articles of association, together with twenty-two others, whom he named, should form a committee to elect the first list of members. So far all had gone pleasantly, and the Institute seemed likely to meet with general sympathy; but, to the surprise of many members of the profession, the first list of donors to the building fund, which was published on the following Monday, contained the names of three or four gentlemen who profess homœopathy, and that surprise was somewhat increased when it became known that Mr. Gamgee's committee had decided to admit those gentlemen as members of the Medical Institute. It would probably have ensured for the new undertaking a more general and cordial support among the members of the profession had the consideration of this question of the admission of homœopaths been deferred until the general body of the profession living in the town and district had been consulted on the matter. A committee of thirty-five gentlemen, but the majority of whom were chosen hap-hazard, however liberal, and however much impressed with their own generosity, at the conclusion of a long meeting, have scarcely the right to decide a question of this importance without appealing to their professional brethren for their sanction and approval. It yet remains to be seen whether the profession at large is prepared to give such a recognition to homœopathy as this proposal involves, or whether the young institution had not better rely for its support on those practitioners who form the great majority of the medical profession.

A sanitary census of the town has been taken, which shows that there are in Birmingham 307,574 persons living in 70,561 houses, that 46,000 of these houses are supplied by the waterworks and nearly 24,000 by pumps, and that 161 have no water-supply whatsoever. This return has probably been obtained in order to strengthen the hands of the Mayor, who is anxious that the water-supply, as well as that of the gas, should be provided by the Corporation. Bills are now before Parliament to carry out these propositions.

The death-rate is still exceedingly beyond the ordinary proportion, averaging 35·6 per 1000 during the last three weeks, against 23·5 and 31·5 in the three corresponding weeks of 1873 and 1874. Small-pox now causes comparatively few deaths, but whooping-cough and scarlatina have been very fatal. The long-pending dispute with Sir Charles Adderley as to the poisoning of the Tame has at last been amicably settled, the order of sequestration being discharged, permission to make new sewers being granted, and all further proceedings stayed for five years on condition of the Corporation paying £6000 in settlement of all damages and costs.

A sanatorium for the isolation of cases of epidemic diseases, for the joint accommodation of the sanitary authorities of Warwick, Leamington, Milverton, and Lillington, is about to be erected; but, as this will be for the exclusive use of paupers, it is right that there should also be accommodation provided for those in a better position of life who may be the subject of those diseases.

The Orthopædic Hospital, the Lying-in Charity, and the Children's Hospital have all recently held their annual meetings, and at each satisfactory reports have been read.

The present system of attendance by midwives on the patients of the Lying-in Charity seems to be a success. In seven years, out of 5891 cases there have been only thirteen deaths. During the last year there were 1010 deliveries and four deaths, making the rate of mortality of the women during the seven years 1 in 461—a rate exceptionally low, and which was the means of eliciting from Miss Nightingale a letter expressing how highly she thought of the system of nursing by women pursued at this institution.

The Children's Hospital has, from sanitary considerations, reduced the number of its beds, and is about to build an additional waiting-hall for new cases, and to appoint another paid medical officer in order that all new patients may be examined immediately on entrance, so that infectious cases may be more completely and immediately isolated. Dr. Johnston's resignation has been accepted, and Dr. Mackey promoted to the office of physician, while Dr. Flamank Marshall has been appointed extra acting physician.

The example set by some generous individual of instituting a Laws of Health Chair at the Midland Institute has been followed by some other nameless philanthropist at the Saltley Training College. £3000 has been given to provide for the payment of lecturers on this subject, and for money prizes, on condition that the prize-winners continue to give instruction on sanitary matters in their own classes.

Penny sanitary lectures to the working classes have been delivered weekly during the winter season by many who are interested in the public health, and Dr. Corfield has this year selected "Fever" as the topic of his discourse at the Town Hall.

Birmingham, Feb. 15th, 1875.

FOREIGN INTELLIGENCE.

THE NEW MEDICAL SCHOOLS OF BORDEAUX AND LYONS.

THE authorities of Bordeaux are actively engaged in forming the Medical School of that city—one of the two new French faculties recently established by a vote of the National Assembly. In order to instal the school as quickly as possible, the Mayor of Bordeaux has nominated a special executive commission, consisting of members of the Municipal Council, of the presidents of the Council of Hygiene, the Society of Pharmacy, the Society of Medicine and Surgery, the director of the Preparatory School of Medicine, &c. The Society of Pharmacy is represented on account of the new faculty being one of pharmacy as well as of medicine. Professor Chauffard, Inspector-General of the French Schools of Medicine, has sent to the local authorities a scheme containing his views on the organisation of the Faculty. It includes nineteen regular professorial chairs, with supplementary lectures on ophthalmology, mental diseases, syphilitic affections, diseases of children, &c. The vice-professors, or *agrégés*, will be called upon to take an active personal part in the teaching.

A like commission has been nominated at Lyons, but the

proceedings for the installation of a medical school do not appear to be so active there as in Bordeaux.

PROFESSOR PAJOT AND THE MEDICAL STUDENTS OF PARIS.

M. Pajot, the renowned Professor of Obstetics at the Paris School of Medicine, and one of the most popular and brilliant teachers of that faculty, had announced his intention not to resume his lectures on account of failing health. A petition signed by 663 students of the school, and accompanied by an urgent and most flattering appeal from the dean, has, however, caused him to change his determination, and, to the great delight of the alumni, his name will figure amongst the lecturers for the approaching summer course.

MEDICAL PROGRESS IN SPAIN.

The medical movement of Spain has been pretty well marked within the last year or two. In addition to the recent establishment of several special societies—the Anthropological, the Gynæcological, the Histological, and the Anatomical—a project has been set afloat by the members of the Histological Society for the creation of a practical school, with laboratories, of histology and chemistry, all the expense of which would be defrayed by public subscription.

The *concours* for the Vice-Professorship of the Paris School of Medicine is nearing its end. It has altogether been a most successful one, the various candidates having been extremely brilliant in the numerous tests, both written and oral, which make up the *concours*. The names spoken of as being at present at the head of the list are those of Dieulafoy, Granchet, Lépine, and Lionville.

Dr. Hippell of Konigsberg, and Drs. Stendener and Koppe of Halle, have been nominated professors extraordinary at their respective universities. Señor d'Oliveira Soares has been appointed physician to the hospital de San Jose of Lisbon.

We have to announce the death of three Continental *confrères*: Dr. Behler, Professor of Surgery at Wurzburg; Dr. Huvet, an esteemed and popular practitioner of Paris; and Dr. Humbert, medical inspector of the waters of Evian, and father of the distinguished Prosector of the Paris Faculty.

The Pathological Institute recently founded at Munich was solemnly inaugurated on the 9th ult. An opening address was delivered on the occasion by Professor von Buhl, director of the institute.

The *Leipsic Gazette* states that the government of the Grand Duchy of Saxe Coburg Gotha has authorised cremation of the dead in the State.

Medical News.

INDIAN MEDICAL SERVICE.—The following is a list of candidates who were successful at the examinations recently held in London and at Netley, having passed through a course of instruction at the Army Medical School, Netley:

Stoker, R. N.	5290	O'Keefe, J. L.	4145
Bomford, G.	5222	Adams, A. F.	4100
Barclay, A.	5206	Hume, T.	4087
O'Hara, W.	4785	Parakh, D. N.	3887
Tootell, E.	4780	Oliver, J. P.	3795
Gray, H. A. C.	4410	Lucas, J. C.	3732
M'Cartie, C. J.	4348	Sweetnam, M.	3515

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise:—

On Feb. 4th:

Johnson, William Boyter, Bishopsgate-street Without.

On Feb. 11th:

Cotton, Herbert, Silent-street, Ipswich.
Wye, John Henry, Upper Pit-street, Liverpool.

The following gentlemen passed the Primary Professional Examination on the same day:—

Philip John Jackson, Walter Mount, and Walter Pickett Turner, Guy's Hospital.

MR. JAMES VAUGHAN, J.P., F.R.C.S., The Castle, Builth, Surgeon-Major, late of the Bombay Army, has just been appointed High Sheriff for Breconshire.

HOME FOR DIPSOMANIACS.—A meeting was held at Willis's Rooms on Thursday week to promote the establishment of a home for the treatment of persons addicted to intemperate habits in the upper and middle classes. The chairman (the Earl of Shaftesbury) was supported by Archbishop Manning, Sir G. Burrows, President of the Royal College of Physicians, Mr. Robert Rae, secretary of the National Temperance League, and other gentlemen of influence. The movement, which originated with the late Dr. Dalrymple, has been brought before the public in its present form by Mr. Carsten Holthouse, who opened the proceedings by reading a number of letters which had been received from Sir James Paget, Sir Henry Thompson, Sir William Gull, and others, who cordially approved of the home which it is proposed to establish, partly by voluntary contributions and partly by subscriptions in shares of £25 each. He announced that promises in support of the movement had been received from various gentlemen, including Mr. J. W. Campbell, £500; the Rev. H. Wilder, £500; Sir Rutherford Alcock, £100; Mrs. Dalrymple, £100; Sir J. Paget, £50.

EXHIBITION OF SCIENTIFIC APPARATUS.—A meeting was held at South Kensington last week for the purpose of discussing the question of bringing together a loan collection of scientific apparatus. The Duke of Richmond, the Lord President of the Council, took the chair, the Vice-President, Lord Sandon, being also present. It was understood that the main objects of the exhibition would be to show modern apparatus for teaching and for research, the applications of science to industry, and such apparatus as is historically interesting from the occasions in which, or the persons by whom, it had been employed. The exhibition will be opened at the commencement of June.

PRESENTATION.—Dr. Ede, of Barnsbury, on the occasion of his retirement from practice on account of ill-health, has received from his friends and patients a handsome salver with the following inscription:—"Presented to Dr. Ede by some of his patients and friends, on the occasion of his retirement from a practice of thirty-eight years in the neighbourhood of Islington, as a token of their high regard and esteem, and accompanied with a cheque for £191 11s." We congratulate Dr. Ede on this well-earned recognition of the value of his services, which have extended over a considerable number of years, and which were given with equal heartiness to private patients and to paupers.

Medical Appointments.

ALEXANDER, J., M.B., C.M., has been appointed House-Surgeon to the Paisley Infirmary, vice Adams, deceased.

BALLENDEN, J. M'N., M.D., L.F.P. & S. Glas., has been appointed Medical Officer of Health for the Upper Sedgley Urban Sanitary District: £70 per annum.

BARKER, S., M.D., L.R.C.P.Ed., has been appointed Physician to the Asylum for the Blind, Brighton, vice Pickford, deceased.

BROOK, W. F., M.R.C.S.E., has been appointed Medical Officer for No. 1, or Rowner District of the Fareham Union, vice Alder, resigned.

CARRE, F., F.R.C.S.I., L.K.Q.C.P.I., has been appointed Consulting and Visiting Physician to the Donegal District Lunatic Asylum, Medical Officer to the Fever Hospital, and Medical Attendant to the Royal Irish Constabulary, Letterkenny, vice Geo. E. Carre, M.B., L.R.C.S.I., appointed Resident Medical Superintendent of the Castlebar District Lunatic Asylum.

DRAPER, W., M.R.C.S.E., L.M., has been appointed a Surgeon to the York Dispensary.

DUDLEY, F. J. R., M.R.C.S.E., has been appointed Medical Officer for No. 3 District of the Ashton-under-Lyne Union, vice Evans, deceased.

FRENCH, J. G., M.R.C.S.E., has been appointed a Medical Officer to the Wells, Somersetshire, Cottage Hospital.

FRYER, C., L.K.Q.C.P.I., L.M., has been appointed Medical Officer for the Sherburn District of the Scarborough Union.

HARRIS, Dr. S. J., has been appointed Assistant-Surgeon to the Provident Surgical Appliance Society, vice Killingworth.

HEASTIE, Mr., of Wolverhampton, has been appointed Assistant to the House-Surgeon and Dispenser, Staffordshire General Infirmary, Stafford, vice Mynors, resigned.

KERR, A. T. H., L.R.C.S.I., has been appointed Resident Assistant-Surgeon to the Amalgamated Friendly Societies' Provident Dispensary at Preston.

LIVETT, H. W., L.R.C.P.Ed., M.R.C.S.E., has been appointed a Medical Officer to the Wells, Somersetshire, Cottage Hospital.

LYON, J. G., M.A., M.D., L.R.C.S.Ed., has been appointed Dispensary Surgeon to the Western Infirmary, Glasgow.

MACCULLOCH, C., L.F.P. & S. Glas., L.M., has been appointed Medical Officer to the Ballachulish Slate Quarries, vice Wotherspoon, whose appointment has expired.

PURNELL, R., M.D., M.R.C.S.E., has been appointed a Medical Officer to the Wells, Somersetshre, Cottage Hospital.

THOMSON, Mr. W. S., has been appointed Surgeon-Dentist to the Camberwell Provident Dispensary, vice Robt. Thomson, L.D.S. R.C.S.E., deceased.

WATTS, A. N., L.R.C.P.Ed., L.M., M.R.C.S.E., has been appointed Medical Officer for the Sharnbrook District of the Bedford Union, vice Stedman, deceased.

WHEATCROFT, S. H., L.R.C.P.Ed., M.R.C.S.E., has been appointed (temporarily) Medical Officer and Public Vaccinator for the No. 6, or Stokeferry District of the Downham Union, Norfolk, vice Piggott, resigned.

Births, Marriages, and Deaths.

BIRTHS.

FELCE.—On the 15th inst., at Chippenham-road, St. Peter's-park, the wife of Stamford Felce, M.R.C.P.Ed., of a son.

INCE.—On the 17th ult., at Rawal Pindi, Punjab, the wife of John Ince, M.D., Civil Surgeon, of a son.

INKSON.—On the 14th inst., at Richmond-terrace, Clapham-road, the wife of James Inkson, M.D., Surgeon-Major Army, of a daughter.

JAMES.—On the 4th inst., at Alcaston House, Melbourne, Australia, the wife of E. M. James, M.R.C.S.E., of a daughter.

MAY.—On the 13th inst., at Stanstead-road, Forest-hill, the wife of A. S. May, M.R.C.S.E., of a son.

MILLER.—On the 12th inst., at Amhurst-road, Stoke Newington, the wife of F. Montague Miller, Surgeon, of a daughter.

WILLCOCKS.—On the 22nd ult., at Chunar, the wife of Alex. J. Willcocks, M.B., of a son.

MARRIAGES.

MURRAY—INGLIS.—On the 12th of Dec. last, at the Union Church, Hong Kong, John Murray, Surgeon, Army Medical Department, to Mary Smithers, daughter of John Inglis, Esq.

WILKINSON—ALLEN.—On the 16th inst., at St. Mary's, Lambeth, London, Hubert Henry Birkett Wilkinson, L.R.C.P., L.R.C.S., L.M., of Rotherham, Yorkshire, to Marie Agnes Cecilia, only daughter of the late Captain James Allen, R.N., of Jersey.—No Cards.

DEATHS.

CHENNELL.—On the 6th inst., at Millman-street, Russell-square, S. P. Chennell, M.D., aged 57.

DE NÉGRI.—On the 3rd inst., Athenodore De Négri, M.B., of Belsize-road, St. John's-wood, aged 35.

DRAKE.—On the 14th inst., Thos. Drake, M.R.C.S.E., of Richmond, Surrey, aged 69.

FOWLER.—On the 14th inst., at Kennington-park (after a most trying illness, borne with Christian fortitude and the most exemplary patience), Jenny, the beloved wife of George Fowler, M.R.C.P., aged 27.

MARTINDALE.—On the 13th inst., Wm. Martindale, M.D., of Holland-road, Kensington.

MERRYWEATHER.—On the 11th inst., at Colville-road, Bayswater (suddenly, from a spasm of the heart), Philip Edward Collins Merryweather, M.R.C.S.E., aged 40.

NICOLSON.—On the 9th inst., at Forest-hill, Charles Patrick Nicolson, M.A., M.B., B.Sc., aged 31.

NORTON.—On the 16th inst., Edward Norton, M.R.C.S.E., of Upper Baker-street, aged 65.

SMITH.—On the 10th inst., Wm. Smith, F.R.C.S.E., of Mosley-street, Manchester, aged 58.

WHIDBORNE.—On the 13th inst., G. F. Whidborne, L.R.C.P.Ed., of Exeter, aged 66.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

METEOROLOGICAL READINGS

(*Taken by Stewart's Instruments*).

THE LANCET OFFICE, FEB. 18TH, 1875.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rain-fall.	Remarks at 8 A.M.
Feb. 12	29·88	W.	41	41	...	48	33	0·23	Raining
„ 13	30·07	E.	39	40	...	47	39	0·03	Overcast
„ 14	30·05	S.W.	46	47	...	51	39	0·08	Cloudy
„ 15	30·23	N.	40	42	...	51	41	0·05	Overcast
„ 16	30·50	N.E.	38	39	...	42	38	...	Foggy
„ 17	30·26	N.E.	39	40	...	44	35	...	Raining
„ 18	30·20	N.E.	35	37	...	...	36	0·05	Overcast

Notes, Short Comments, and Answers to Correspondents.

GLYCERINE IN DIABETES.

DIABETIC patients lose a great deal of sugar, which in a state of health would be changed into carbonic acid and water. A great deal of respiratory heat is thus lost, and the patients must therefore use adipose matter and protein compounds for breathing purposes. To save the protein matters, glycerine is administered, since it has been shown by physiologists that it cannot be transformed into sugar within the economy, but is ultimately changed into carbonic acid and water. Thus respiration is supplied, and no tissues actually wasted. It is stated in the *Mouv. Méd.* of Jan. 23rd, 1875, that Prof. Schultzen gives in such cases from six to eight drachms of glycerine per diem. The remedy should be continued uninterruptedly for one month, the doses remaining the same, as larger ones are apt to give rise to diarrhœa.

Panem Puer.—We have not heard of any bad results from the use of the agent in question in the rearing of infants. At the same time we would not be inclined to strongly recommend it.

COTTON-WOOL DRESSING.

THIS method of dressing wounds, which has been especially advocated and introduced to notice by M. A. Guérin, and which seems to be coming into extensive use in Paris, has recently been the subject of a report to the Académie des Sciences by a Commission specially appointed to examine into it, consisting of MM. Gosselin, Claude Bernard, Pasteur, Larrey, and Sédillot. The immediate cause of the appointment of the Commission was a work by M. Guérin on the Pathogenetic Rôle of Ferments in Surgical Diseases. M. Guérin claims for his method the following advantages:—The absence or slight intensity of the traumatic fever; the continuance of sleep and appetite; absence or great diminution of pain, and the healthy condition of the wound after some days of occlusion; and, as a consequence of these and of the exclusion of ferments, the rare occurrence of pyæmia. He believes that these results are mainly due to the filtration of the air by the thick layers of cotton-wool, the uniform elastic compression of the wound, and the immobility of the injured limb. He states, moreover, in this work that he had never found vibriones or bacteria in the pus on changing the dressings. The Commission, however, found bacteria in the pus of the wounds which they examined, although fewer in number than usual; but they confirmed in the main the other advantages stated to exist by M. Guérin, and the wounds in which the bacteria were found were in a healthy condition. In the discussion which followed the reading of the report, M. Ollier stated that in the rare cases of pyæmia occurring under the use of this dressing, he had observed that the rigors took place at longer intervals and were less severe than in other cases, and that the disease tended to assume a more chronic form. He suggested the combination of carbolic-acid lotions with the cotton-wool dressings. It should be added, for the benefit of those who are not acquainted with M. Guérin's mode of dressing, that it does not consist simply in the use of cotton-wool. He never or rarely employs his dressing except where the limb can be covered for a considerable distance above the wound or operation; he covers to the middle of the thigh, for example, after Chopart's amputation. The cotton-wool is applied in successive layers rolled round and round the limb, each layer being compressed as tightly as possible by a bandage. The wound is usually first washed with strong alcohol. After the operation the dressing is commonly left undisturbed for some days, or even for two or three weeks, until the pus soaks through. Secondary hæmorrhage can hardly occur to any extent, as the limb is subjected to such firm elastic pressure. The method seems to deserve a more careful and extensive trial in England than it has yet received.

THE DAVEY DEFENCE FUND.

FURTHER contributions received on behalf of the above Fund:—

	£	s.	d.
Amount previously announced	333	8	6
By Dr. Davey's Neighbours and Patients	261	19	6
A Sympathiser	2	2	0
Dr. E. Wood	1	1	0
Dr. C. Bransford, Haverhill, Suffolk ...	0	10	0
G. W. T. Bury, Esq., Lyonsdown, Barnet	1	1	0
James Riley, Esq.	1	1	0
J. E. Boynton, Esq., Titsworth, Oxon ...	0	5	0
Dr. E. Berney, Croydon	1	1	0
J. D. Brown, Esq., Rochester	1	1	0
R. Bryden, Esq., Devon	0	2	6
J. B. Bromley, Esq., Castle Hedington ...	1	1	0
Dr. T. B. Adams, Croydon	0	10	6
R. E. B.	0	5	0
James Buckley, Esq., Manchester	2	2	0
Edwd. Adams, Esq., Castle Hedington ...	1	1	0
W. Adams, Esq., Henrietta-street	1	1	0

THE RESPECTIVE VALUE OF A MEDICAL OFFICER OF HEALTH AND A SURVEYOR.

THE Whitby District Local Board have advertised in the *Leeds Mercury* for a medical officer of health and a surveyor. The former is to receive the handsome salary of £20; the latter of £100. The £20 is to include all travelling and other expenses! This is a chance for somebody.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

To the Editor of THE LANCET.

SIR,—As I feel sure further expression should be given by the licentiates of the King and Queen's College of Physicians in Ireland in favour of the proposed new Charter, as a means of encouraging or inducing the Government to grant it, will you permit me to solicit your co-operation in asking that the power of instituting the order of Membership as it exists in the London and Edinburgh Colleges may be conferred on the Fellows of the King and Queen's College of Physicians in Ireland. From the silence of the licentiates it must not be inferred they are opposed to the reformed Charter, nor of the same opinion as the five dissentients to it; for it is idle to expect, as it has been publicly asserted, that any licentiate would be averse to the portals of the College being opened to a higher and more definite form of qualification; for if any should not desire the higher grade for himself, surely he would not stand in the way of those who might require the dignity of member. Elsewhere I have tried to show the importance of the qualification to those seeking certain public appointments in England, although the dissentients, in their draft dissent as published, deny this.

To some of the Fellows—notably to Dr. Thomas Hayden, Dr. Churchill, and Dr. Finny—the licentiates in this matter are under great obligations, and it only requires the prompt co-operation of the medical press for the motion proposed by Dr. Churchill, at the special meeting of the College held on Friday last, to be ultimately granted.

Earnestly soliciting your powerful co-operation and support in advocating this institution of membership for the licentiates.

I am, Sir, your obedient servant,

J. WARING-CURRAN, F.R.C.S., L.K.Q.C.P.I., &c.

Mansfield, Feb. 15th, 1875.

A RELIEVING OFFICER CHARGED WITH MANSLAUGHTER.

AN inquiry into the circumstances of the death of Elizabeth Jones, widow, aged forty-seven, Knighton, ended a few weeks ago in a verdict of manslaughter against the relieving officer, who will be tried at the next Presteign Assizes. The case against the relieving officer is that he received information from the medical officer, Mr. H. O. Brown, on Wednesday afternoon, between one and two o'clock, to the effect that the deceased was "quite destitute; neither food, firing, nor sufficient clothing for her bed," and that he did not act upon this information till Thursday afternoon, between five and six, half an hour after the death of the poor widow. His chief defence was that the information was written on the back of the certificate, and that he did not see it till eleven o'clock on Wednesday night. It is to be said that he bore a good character as a relieving officer. We shall not anticipate the trial at the assizes. We do not regret that such a verdict has been arrived at. The whole system of relieving urgent out-door cases under the Poor-law system will be the better for such an inquiry. We cannot forbear a word of regret at the medical facts of the case, not being hindered by the curious view of one of the medical men who gave evidence before the coroner, that he was "a practitioner in the town in opposition to Mr. Brown." This is a view of medical life that cannot be too summarily dismissed. What medical men are expected to "oppose" in towns is disease—not brother practitioners. It is to be regretted that when Mr. Brown was unable to attend at once, no one better than his dispenser could be got to see a woman, not merely starving, but with her body swollen, and apparently emitting a bloody and purulent discharge. Had the dispenser been a qualified man, he would probably have prescribed something more comforting to a dying woman than sulphate or carbonate of magnesia, even though qualified by a little henbane and peppermint; and it is further to be regretted that when Mr. Brown did see the case he did not in most clear terms prescribe the precise food proper to such an urgent case. Had the relieving officer failed to supply it, that would not have been Mr. Brown's fault. We cannot say less than this of a case in which death occurred on Thursday, and the patient's food stores on Tuesday were—half a teaspoonful of tea, three or four spoonfuls of sugar, a threepenny loaf, and a small bit of bacon. There was an accession to the cupboard during the day in the shape of an ounce of tea and half a pound of sugar.

Mr. Clement.—We regret we cannot avail ourselves of our correspondent's kind offer.

TREATMENT OF FEVER.

To the Editor of THE LANCET.

SIR,—I have read with much interest the views of Dr. Blanc in your journal on the treatment of typhoid fever by the external application of cold and the internal use of antiseptics. With the former I have had no experience; with the latter a good deal, and I think the profession would do well to give them an extended trial in some form or other. My own conviction, based on some experience, is that such treatment is sound. My predecessor in this town, Mr. Murrell, since deceased, thirty or more years ago, conceived the idea of treating typhoid on the antiseptic system, and was in the habit of giving chloride of lime internally. I and two or three other surgeons here have followed in his footsteps, and think we have good reason to be satisfied with a certain amount of success; not that we can say we lose *no* patients, but that our percentage of losses is diminished. During our late unfortunate epidemic we have had ample opportunity of testing its merits, and, speaking from my own observation, I can say I have no reason for loss of faith. Our death-rate throughout the town from typhoid in the late epidemic was 6¼ per cent., and the plan is not adopted by all. Whether it has the effect of curtailing the natural period of the disease is a question. I am inclined to the negative; but it appears to have a beneficial influence in conducting severe cases to a safe issue, which otherwise would probably have terminated fatally. I have had several well-marked cases of relapses, which have at once improved on falling back to the chloride, where it had been discontinued. The form used is very simple—i. e., Beaufoy's concentrated solution of chloride of lime in five to ten minim doses, flavoured with peppermint water, and given every four or five hours; if bowel lesions are present, combined with small doses of laudanum. It is not my intention to argue that this is the whole and sole treatment. This is the drug treatment; with it at the proper time stimulants must be administered. I do not find it necessary to continue its use during the whole progress of the disease, but at the outset I think it essential. There may be believers as there will be disbelievers; but in a disease which is tacitly admitted not to be *cured* by drugs, but must run its course, I consider there can be no possible harm in administering that which apparently does some good, and which certainly does no evil; at least such has been my experience.

In reference to the application of cold urged by Dr. Blanc, his evidence appears to be much in its favour; but the great difficulty in carrying it out, especially in an epidemic and among the poor, would, in my opinion, be a great obstacle.

I am, Sir, yours obediently,
J. G. BRADEN,
February 12th, 1875. Medical Officer of Health, Lewes.

PROFESSOR CARLO BURCI.

ITALY has lost in some respects her best surgeon in Professor Carlo Burci, of Florence, who died there on the 4th inst., aged sixty. He studied at Pisa, and lectured as clinical surgeon in her University. As an anatomist he bore a high reputation, particularly in the pathological department. His next post was in Florence, where he contributed to found the museum of pathology, and sustained in the chair of clinical surgery the best traditions of Scarpa. He was a senator of the kingdom, and member of the Council for directing the higher education in Italy. The respect in which he was held was demonstrated by his funeral, which was attended by more than a hundred noblemen, senators, deputies, and members of the learned professions.

HERMANN *versus* SIGMUND.

THESE physicians hold high positions in Vienna as regards the treatment of syphilis—the latter at the hospital called Allgemeine Krankenhaus; the former at Krankenhaus Wieden. But they differ *toto cœlo* as regards mercury. Dr. Hermann rejects it completely; whilst, as is well known, Sigmund is very partial to inunctions. Not content with the ventilation of his views in the German medical papers, Dr. Hermann has gone so far out of his way as to take the Academy of Sciences of Paris as an arbitrator. At the meetings of the 4th and 11th of January last he submitted a paper to this learned body, in which a sketch of his anti-mercurial views is given. Nothing new can be gathered from it, as it remains within the circle of the often repeated assertions of the opponents of mercury. Some of these assertions are worth recording. Dr. Hermann says: "Syphilis is a local malady; it cannot be proved to be a general affection." Then again: "The anti-mercurial treatment will finally solve the much vexed question of prostitution." And further: "With mercury, at the Allgemeine Krankenhaus, there is one death in 89 cases; in my hospital, one death in 969."

ON SCARLATINA IN THE PUERPERAL STATE.

To the Editor of THE LANCET.

SIR,—All authorities agree in recognising the remarkable susceptibility to contagious influences manifested during the puerperal period, and the extreme danger which a woman incurs who, during its existence, is exposed to the contagion of scarlet fever more especially. In such circumstances the reception of the scarlatinal poison is too certainly followed by a train of symptoms which rapidly tend to a fatal result. *Apropos* of the recent outbreak of puerperal fever, and the discussion on the subject in an editorial in THE LANCET, the following cases may be of interest.

CASE 1.—On the evening of Jan. 30th, 1875, I was called to see a child, aged three years. It was in bed with its mother, and presented the typical appearances of an ordinary mild scarlatinal attack in the early part of the stage of eruption. On looking at the mother I found her also covered with a copious scarlatinal eruption, hot skin, fever pulse, &c. &c., but almost no throat symptoms, and no abdominal pain. The history was, that she was delivered by a midwife on the night of the 26th, felt out of sorts next day, sick and vomiting, with headache, and then got feverish towards evening. The first appearance of eruption had been on the evening of the 28th. It was not clear whether it was on the 28th or 29th that the child fell ill; but the eruption was certainly much earlier in the case of the mother, who herself believed "the child took it from her." The further progress of the two has been—complete recovery in the child; the mother has never had a bad symptom, and at this date (Feb. 6th) is up and apparently quite well. In her case the desquamation of the cuticle has been very copious, and is still going on. The lochia ceased very early, and the secretion of milk has been but scanty. On Feb. 4th she noticed great deficiency of urinary secretion, which was relieved by a dose of nitre administered by her mother. The newly-born infant has as yet shown no appearances of infection.

In all respects, both as to date of appearance and order of succession of symptoms, this was undoubtedly a perfectly normal example of scarlatina, and would have attracted no attention had it not been in one so recently delivered. The woman is quite positive that she never had scarlet fever before.

CASE 2 is interesting from the non-occurrence of infection, even after prolonged exposure to the scarlatinal poison.

On Jan. 17th, 1875, Mrs. N—— aborted apparently at the third or fourth month. She made so rapid and complete a recovery that the daily visit was omitted on the 21st. On the 22nd I found her also in bed with her child, aged three years. The child was covered with a well-marked scarlatinal eruption, and had been with the mother since the evening of the 20th. As a precautionary measure they were separated as distantly as possible, which, however, from unavoidable circumstances, was no further than a room on the next floor. The child went through the course of an ordinary mild attack of scarlet fever, and the mother recovered without the slightest appearance of infection of any kind. She also was very doubtful as to whether or not she had previously had scarlet fever, but said she was pretty sure she had not. The results of both these cases were particularly pleasing, as great anxiety was felt and grave consequences expected in accordance with the natural history of scarlatina in such circumstances.

Yours &c.,
A. B. MUNRO, M.D., C.M.,
Junior Physician to the Amalgamated Friendly Societies,
Feb. 6th, 1875. Northampton.

SAD OCCURRENCE.

M. BUCQUOY, a hospital physician of Paris, was consulted a short time ago by a man who suffered from a large aneurism of the ascending portion of the aorta. Wishing to show the case to the Medical Society, he asked him to come to the place of meeting. At the time appointed the patient repaired thither; but on the staircase he fell down, had an involuntary emission of urine, and died without uttering a word.

INFLUENCE OF MATERNAL IMPRESSIONS ON THE FŒTUS.

To the Editor of THE LANCET.

SIR,—I delivered a woman, twenty-six years of age, of her first child on Dec. 12th, 1874, and on looking at the child found both forearms were shortened nearly one-half, the carpal bones elongated, and, together with both hands, which were deficient of thumbs, turned back to the arms, the ends of the fingers touching the lower part of the biceps muscles, and the index-fingers resting on each radius, and the little fingers upwards. The ear on one side was deficient, there being merely a small opening and a puckering above and below it. It struck me as the arms emerged that they resembled the forefeet of a lizard. Next morning, on examining the child more minutely to see whether anything could be done to rectify the deformity, the husband told me that his wife had been very much frightened at the sight of a newt that had made its way into the house, and that during the paroxysm of fright she wrung her thumbs by clasping her hands in a peculiar manner. This is rather a startling evidence of maternal impressions influencing utero-gestation.—Yours obediently,

HOXNE, Norfolk, Feb. 1874. H. H. DEARSLEY.

THE ROMAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS.

THE British Ambassador and others of the *corps diplomatique* assisted at a meeting held on Saturday, the 6th inst., in the capitol, for the prevention of cruelty to animals in Italy. The report was satisfactory. The introduction of the Bruneau system of slaughtering cattle had answered expectations, not only by minimising the sufferings of the animals, but by preserving the normal flavour of the meat, which is apt to be lost when death is produced under excitement and terror. The apparatus for the purpose was tried last June, and succeeded admirably. Remedies for protecting horses and other cattle from the irritation of flies were also mentioned—a military *collaborateur* adding curious statistics, showing that accidents from the stumbling, the bite, or the kick of horses were most frequent in those months when the flies are most numerous and annoying. "Think of men first and then of the lower animals" was, he said, sometimes a fallacious injunction. The gad-fly does not attack human beings; it attacks the horse or the mule, which shies or lashes out in consequence, capsizing its rider or kicking the bystander. The man would, therefore, be often saved by thinking of the animal first and protecting it from irritation. The belabouring of over-burdened cattle, so common in Italy, bids fair to be a thing of the past under the beneficent auspices of the Society, which, young as it is, has shown an energy and tact beyond its years.

THE CONSULTANT DIFFICULTIES OF A GENERAL PRACTITIONER.

To the Editor of THE LANCET.

SIR,—The difficulties mentioned by "M.D.," in his letter in your issue of the 6th inst., are such as may occasionally beset the path of every consulting practitioner engaged in general practice. It is impossible to lay down a code of ethics to be adopted invariably by the consultant; but I venture to offer a few hints from one similarly situated to himself, in the hope that those difficulties may be rendered fewer or more easy to be surmounted.

It will be admitted that the first duty of the consultant is to do what he can according to the best of his judgment for the advantage of the patient he is called to visit; but an obligation, little less inferior, devolves upon him to maintain the reputation of the ordinary medical attendant, and to preserve for him as far as possible the confidence of the patient. The consultant should peremptorily decline to visit a patient on the first or any subsequent summons, except in conjunction with the ordinary attendant. It occasionally happens that the consulting practitioner is urgently desired to visit a patient without the ordinary medical adviser having been apprised of the wish of the patient or his friends to have another opinion. He should also carefully avoid making friendly or complimentary calls after the termination of his attendance on the case. In conformity with the opinion expressed by THE LANCET in cases of consultation instituted at the wish of the patient or of the medical attendant, a fee should invariably be taken. It is my practice always to require the honorarium, except in those cases in which I have been requested to visit for the special satisfaction of the medical man, in which the means of the patient are too poor to admit of his paying the fee himself; under these circumstances it has been occasionally offered to me by my medical friend, but I have always refused to accept it. I have been in general and consulting practice in a borough town in one of the Eastern Counties for many years, during which period I have been called to meet, with one or two exceptions, all the present practitioners, and some of their predecessors, about thirty in number, within an area of fourteen or fifteen miles from my own residence, and I can recollect but two cases in which I was desired to adopt the patient as my own. This I declined to do, and both of these, I believe, remain to the present time the patients of their original medical advisers.

I am, Sir, faithfully yours,

February, 1875. M.D. AND L.R.C.S. EDIN.

A. Z.—Prince Humbert, heir to the Italian throne, is a munificent patron of medical charities, as is also his cousin and consort, the Princess Margaret of Savoy. For more than six years he has kept up Dr. Sapoline's dispensary at Milan for diseases of the ear, where the doctor, a well-known aurist, gives twice a week gratuitous advice to the poor, to the number of 350 patients per annum.

AN OMISSION.

To the Editor of THE LANCET.

SIR,—In my letter on Dipsomania in the last number of your journal I find that the name of Dr. Harrington Tuke is omitted from the list of those distinguished friends who so kindly signed the document referred to in my letter. The omission occurred through an error of my copyist in the first instance, and my own carelessness in not having noticed it before it was sent to press. I am, Sir, yours &c.,

February 12th, 1875. CARSTEN HOLTHOUSE.

G. D.—Such an order is very unusual; but each medical man, distinctly under order from the coroner to make a post-mortem, would be entitled to the ordinary fee.

RELAPSING SCARLATINA.

To the Editor of THE LANCET.

SIR,—In your last number Mr. Robinson gives us a case of relapsing scarlet fever, which to my mind is very vague. Does Mr. Robinson mean the profession to understand that there is a connexion between the case of the boy suffering from typhoid fever and that of the girl suffering from scarlatina, or does he merely mention the former case in order to show the profession that he had, at the same time, even another case of fever on hand, and that, verily, typhoid? Again, are we to understand that the girl, after recovering from the first attack of scarlatina, caught the same fever again from her second brother, who (Mr. Robinson informs us, merely by the way) "had in the meantime been attacked with the disease, which was followed by nephritis," or was the relapse the result of no fresh infection? Perhaps Mr. Robinson will kindly inform us what he means to infer.

Yours faithfully,

High Falls, Bradbury, Feb. 10th, 1875. E. SMITH.

ANOTHER PHILADELPHIAN DOCTOR.

AN inquiry by the deputy coroner into the circumstances of the death of William Thompson at Spennymoor, Durham, from the effects of a compound fracture, throws a curious light on the uncivilised treatment to which poor colliers are apt to fall victims. Thompson or his friends got dissatisfied with the treatment of Mr. Heffernan and his assistant, and insisted on Robert Curry being called in to treat the leg, the said Robert Curry being at once a mason and a bone-setter. To do Curry justice, he placed some limit to his pretensions. He undertook the charge of the bleeding and lacerated leg, but he advised them to get a doctor to attend "the body"; whereupon one William Thompson was called in, who magnificently described himself as Doctor of Medicine of the Eclectic Medical College, Pennsylvania. "He did not open the leg, as he was told Mr. Curry had set it." Between the bone-setter, who ignored the "body," and the Philadelphian doctor, who took no notice of the leg, the poor collier soon died. Mr. Bignall, jun., appeared at the inquest on behalf of the qualified attendant first consulted. He exposed with great acuteness the course by which Thompson had become possessed of his grand title. One step was "passing one examination at Liverpool under the British Medical Council"! Our readers are aware that the Durham magistrates hold peculiar views as to the construction of the Medical Act. And so it is that Philadelphian doctors have fine times of it in that county. An easy verdict was passed, and the proceedings terminated. Mr. Bignall would confer a great service by taking the late decision of the Durham magistrates to a higher court. If it is not reversed, the pit districts will be overrun with quacks.

A CASE OF PLACENTA PRÆVIA WITH ARM PRESENTATION.

To the Editor of THE LANCET.

SIR,—My assistant being called to attend to a case at Clegg-street, Hulme, found that the patient had been in labour some hours; the waters had escaped; the arm was presenting, and the uterus had firmly contracted over it. The treatment he adopted was to give a full dose of opium, and to leave the patient for two hours. Upon going down to the case, I found that the condition of the parts had altered; for under the influence of the opium the uterus had relaxed, so that I could distinctly feel that it was a case of placenta prævia, with an arm presenting also. The treatment I adopted was, first, removal of the placenta; then, upon passing my hand into the uterus and seizing hold of a foot, I turned the child, thus completing the delivery. There was no flooding; the patient slept well, had no headache, a good pulse, and a natural discharge afterwards. In fact, the case did as well as after an ordinary confinement.

Now, in works on Midwifery this mode of treatment is condemned. They say that it is often followed by flooding. But the advantages it gave me were twofold—first, I removed the placenta, which was a source of obstruction, and obscured my making an examination correctly; secondly, it enabled me to complete the labour by affording greater facilities in removing the child. But the fact I wish to record in this case was the absence of flooding, which seems to be the great hindrance to this mode of treatment. I am, Sir, yours &c.,

Hulme, Manchester, Feb. 1875. JAMES THORNILEY FOX, M.D., &c.

Self-taught, (Newcastle.)—The most convenient text-book of Physiology in its practical bearings is that, already recommended by us, of Dr. G. le Bon (Paris, Rothschild). He holds (sufficiently decidedly) the view that physiological considerations should determine a child's career in life, and certainly he shows, with effective knowledge and skill, the value of such guidance both for the individual and for the community. Unlike most popular treatises, Dr. le Bon's is conceived and written in the genuine spirit of science.

THE FAMILY OF THE LATE MR. DAVENPORT.

MR. J. F. WEST, F.R.C.S., of Hagley-road, Birmingham, begs to acknowledge the receipt of the following contributions to the Davenport Fund, and to solicit further donations.

E. Wright, Esq., Warwick	£3	3	0
Dr. Fred. Robinson, London	1	1	0
Horatio Wood, Esq., Birmingham ...	1	1	0
— Horsfall, Esq., Birmingham... ...	2	2	0
J. Greensill, Esq., Great Witley ...	1	1	0
G. A. Sheppard, Esq., Worcester ...	1	1	0

Mr. S. Mansfold.—We do not, under any circumstances prescribe. Our correspondent should take the child to a medical man in whom he has confidence.

DISEASED MEAT.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Saturday last is a letter headed "Diseased Meat." A question of similar nature has lately arisen with myself—viz., whether consumptive pork is fit for human food. I enclose you my report to the Wandsworth District Board of Works on the matter, in which you will see that my opinion was given, in opposition to the cattle inspector, to the Metropolitan Board of Works, that it was not fit for food. By order of the Board, my report was forwarded to the Metropolitan Board of Works, who replied: "The Committee, having given the subject careful consideration, have arrived at the conclusion that it is not a matter over which they have any control, their duty being limited to the carrying out of the Contagious Diseases (Animals) Act," and that they had referred my report to their cattle inspector. To this the inspector replied, admitting the tubercle and a cavity filled with pus.

Here the matter has ended, and tuberculous pork may be sent to market. Without any further remarks, I shall be glad to see any comments you may make on so important a matter.

I remain, Sir, yours truly,

JOSEPH OAKMAN,
Medical Officer of Health, West Battersea.

Battersea-square, Feb. 15th, 1875.

THE ACID OF THE GASTRIC JUICE.

BRACONNOT, Prout, Lassaigue, and Schmidt have maintained that the acid is the hydrochloric, and not the lactic. M. Rabuteau has undertaken fresh investigations on the subject, which he has communicated to the Academy of Sciences of Paris. He concludes that the above-named authors are perfectly correct.

M. Ch. had better advertise.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—As I have observed that hitherto the grievances of the officers of the Army Medical Department and the new hospital system have generally been discussed in connexion with each other, I would respectfully suggest to my medical brethren that they should first endeavour by every legitimate means to cause the redress of the former before giving any opinion on the merits or demerits of the latter.

The grievances alluded to may be divided into two classes—viz., those inflicted by the Warrant of 1873, and those that existed prior to that Warrant. Those of the first class are: the removal of several officers from their regiments for the convenience of the service, without giving them compensation, and the "cutting" of the forage allowance which was guaranteed by a former Warrant. Those of the second class are: slowness of promotion and insufficiency of retiring allowances.

I think that if the above grievances were removed, whatever hospital system was adopted would be worked by contented and zealous officers.

Your obedient servant,

February, 1875. N. N.

COMMUNICATIONS not noticed in the current number will receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir Wm. Jenner, London; Prof. Rolleston; Dr. R. J. Lee, London; Mr. Oliver Pemberton, Birmingham; Mr. Hulke, London; Dr. Farquharson; Dr. Lyon, Glasgow; Dr. Gowers, London; Mr. Holthouse, London; Dr. Louttitt, Greenwich; Mr. Parkes, Abingdon; Dr. Edis, London; Mr. Dalby; Mr. Annandale, Edinburgh; Dr. Rayne, Oxford; Mr. D. Foulis, Glasgow; Dr. P. May, Maldon; Mrs. Chapman, London; Dr. Walters, Reigate; Dr. Parkes, Southampton; Surgeon-Major Brake; Dr. Strange; Dr. Finney, Dublin; Mr. Lucas, London; Dr. Robertson, Glasgow; Mr. Mansfeld, London; Dr. Vinen, London; Dr. Corfield, London; Dr. Thompson, Ulverton; Mr. S. Barnes, London; Dr. Peter Hood, London; Mr. Beatty, London; Dr. Deeley; Mr. L. Clement; Dr. Thudichum; Dr. Reid, Edinburgh; Mr. Poole, London; Dr. Daly, London; Dr. McGregor, India; Dr. Cook, London; Mr. Reilly, London; Mr. Dickson, London; Dr. Cuolahan, London; Mr. Smith, Bradbury; Mr. Walford, King's Lynn; Mr. Hayes, Hexham; Mr. Merriman, London; Mr. Hutchinson, Chorley; Dr. Ralfe, London; Mr. Reed, London; Mr. Waring-Curran, Mansfield; Mr. Braden, Lewes; Mr. Ricketts, Liverpool; Mr. Ingpen, London; Dr. Alexander, Bradford; Dr. Gallard, Louisville, U.S.A.; Dr. Coupland, London; Mr. Oakman, London; Mr. Gordon Brown, London; Dr. Arthur Edis, London; Mr. Brady, Chorley; Mr. Kerr, Preston; Dr. Bruce, London; Mr. Brown, Dorchester; Mr. Clarke, Lynton; Mrs. Jones, Willenhall; Mr. Maunder, London; Mr. Norwell, Birmingham; Dr. Foot, Cupar; Mr. Thomas, Midhurst; Mr. Ennales, Ely; Dr. Dale, Hutton Rudby; Dr. Congreve, London; Mr. Duncan, London; Mr. Macpherson, Middlesborough; Mr. Vaughan, Builth; Mr. Marshall, Manchester; Dr. Smith, Sedgefield; Mr. Robinson, Denbigh; Messrs. Forder and Co., Wolverhampton; Mr. Forster, Montgomery; Mr. Everett, Worcester; Dr. Cooke, Sheffield; Mr. Williams, Whitstable; Messrs. Keith and Co., Edinburgh; Messrs. Kinloch & Co., Edinburgh; Mr. Seymour, Coventry; Mr. Ramsden, Halifax; Royal Institution F.R.C.S.; W. G. W.; Medicus; A. Z.; L.M.; Fair Play; M.R.C.S.; F. W. B.; The Military Secretary, India Office; R. G.; Censor; Raleigh; M. O. H.; W. G. W.; Pauvre Père; Benedict; M. Ch.; N. N.; M.D. Edin.; A Young Practitioner; &c. &c.

LETTERS, each *with enclosure*, are also acknowledged from—Mr. Wellmore, Stockbridge; Mr. Mogg, Redditch; Mr. Taylor, Ironbridge; Mr. Rigby, Chorley; Mr. Eberle, Easingwold; Dr. Brunton, London; Mr. Leggatt, Eastry; Mr. King, Welwyn; Messrs. J. and H. Grace, Bristol; Mr. Rice, Aldenham; Mr. Baker, Melbourne; Mr. Calling, Somerton; Mr. Haynes, Stansted; Dr. Raitt, Accrington; Mr. Miller, Hesale; Mr. Hopkins, Pontypridd; Mr. Parker, Melton Mowbray; Mr. Bennett, New Delaval; Mr. White, Bayswater; Mr. Deane, Barrow-in-Furness; Mr. W. Adams, London; Mr. Jones, Willenhall; Mr. Hunt, Hull; Mr. Jaques, Thirsk; Mr. Nowell, Halifax; Mr. Prigg, Bury St. Edmunds; Dr. Day, London; Dr. Campbell, Chigwell; Dr. Walker, Aldborough; Mrs. Eyeley, Dursley; Mr. Walker, Wakefield; Dr. Mapother, Dublin; Mr. Brown, Worcester; Dr. Davies, Bryngolwg; Mr. Howard, Belize; Dr. Sandford, Hereford; Mr. Sutton, Manchester; Dr. Smith, Burton; Mr. Fitzgerald, Dublin; Dr. Groves, St. Ives; Mr. Hoare, Birmingham; Messrs. Southall and Co.; Mr. Soame, Dawley; Mr. Johnson, Coventry; Mr. Sprague, Nottingham; Dr. Gervis, London; Mr. Watts, Stonehouse; Mr. Devonall, Cwmaman; Mr. Douglas, Wymondham; The Lady Superintendent, Nurses' Home, Sheffield; Sanitas; Alpha, Birmingham; Medicus, Aylesbury; Senex, London.

Cork Constitution, Glasgow Herald, Manchester Guardian, Newcastle Daily Chronicle, Surrey Advertiser, Welshman, Liverpool Daily Post, Examiner, Huddersfield Daily Chronicle, Isle of Man Times, Field, Broad Arrow, Spectator, Land and Water, Army and Navy Gazette, Brighton Guardian, Western Morning News, Ulster General Advertiser, British Press, and *United Service Gazette* have been received.

Medical Diary for the ensuing Week.

Monday, Feb. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND. — 4 P.M. Prof. W. K. Parker, "On the Structure and Development of the Skull."
MEDICAL SOCIETY OF LONDON. — 8 P.M. Mr. Spencer Watson, "On the Obstructions of Lachrymal Sac and Nasal Duct."—Dr. C. Theodore Williams, "On a Case of Temporary Paralysis in a Young Female."

Tuesday, Feb. 23.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Alfred H. Garrod, "On Animal Locomotion."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY. — 8½ P.M. Dr. Wm. Marcet: "Contribution to the History of Laryngeal Phthisis."

Wednesday, Feb. 24.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND. — 4 P.M. Prof. W. K. Parker, "On the Structure and Development of the Skull."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. R. J. Lee, "On Puerperal Fever."
HUNTERIAN SOCIETY. — 7½ P.M. Council Meeting.—8 P.M. Dr. Sedgwick Saunders will give his Presidential Address. — Mr. R. Clement Lucas will exhibit a Case of Excision of the Ankle-joint. — Mr. Davies Colley, "On two Cases of Diffuse Palmar Ganglion treated Antiseptically."

Thursday, Feb. 25.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."

Friday, Feb. 26.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND. — 4 P.M. Prof. W. K. Parker, "On the Structure and Development of the Skull."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. R. J. Lee, "On Puerperal Fever."
ROYAL INSTITUTION.—8 P.M. Weekly Evening Meeting.—9 P.M. Mr. W. R. S. Ralston, "On Popular Tales: their Origin and Meaning."
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. B. T. Lowne, "On the Histology of the Eye."
CLINICAL SOCIETY OF LONDON. — 8½ P.M. Adjourned Discussion on Dr. Vivian Poore's Case of "Paralysis of Serratus Magnus," and Dr. Southey's Case of "Lepra Anæsthetica." — Mr. Pugin Thornton, "On a Case of exceeding Infrequency of the Pulse."—Mr. John W. Teale, "On a Case of a very remarkable Elevation of Temperature (to 120°) after Injury to the Spine." — Dr. Whipham, "On Fatal Pleuro-pneumonia in an Opium-eater."

Saturday, Feb. 27.

ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. W. K. Clifford, "On the General Features of the History of Science."

NOTICE.

In consequence of THE LANCET being frequently detained by the Post Office when posted for places abroad *more than eight days after* publication, subscribers and others are reminded that such copies can only be forwarded as book packets, and *prepaid* as such.

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